MISSOURI PUBLIC HEALTH NEWS

"The Welfare of the People is the Supreme Law"

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State Health Commissioner

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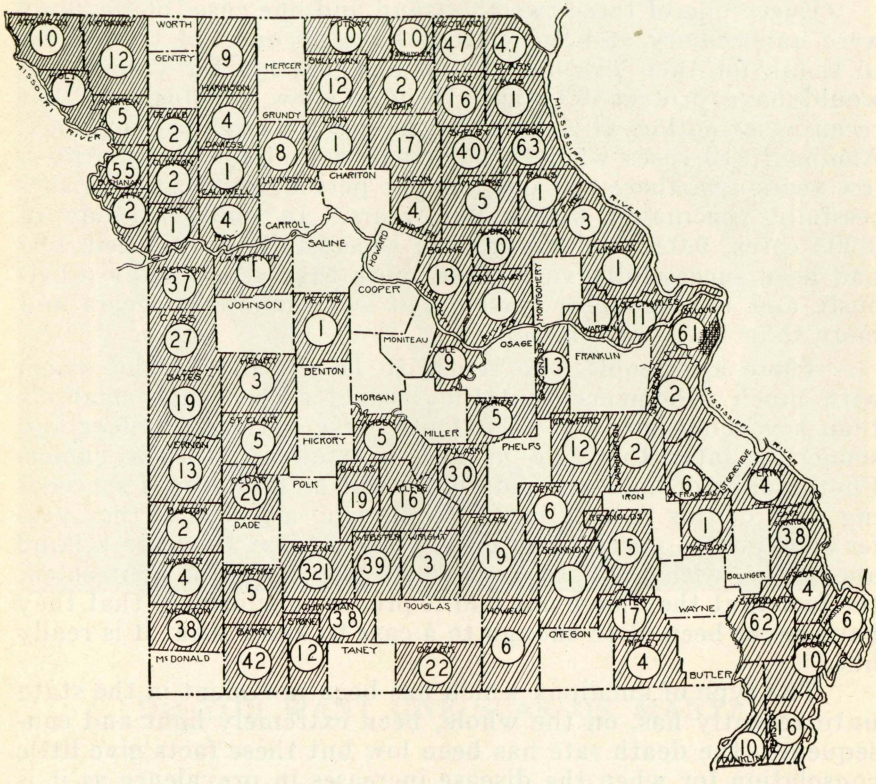
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MISSOURI PUBLIC HEALTH NEWS

Published Monthly by the State Board of Health of Missouri at Jefferson City. Sent Free, on Request, to Residents of Missouri.

Vol. III **SEPTEMBER, 1930** **No. 1**

SMALLPOX REPORTED IN MISSOURI, 1929.



There is no community in the state so snug and secure or whose citizens are so universally vaccinated that it is safe from smallpox. Eighty-four of the one hundred and fourteen counties of the state each reported from one to three hundred and twenty-one cases of the disease in 1929 and it is not likely that the other thirty counties had the clean bill of health that the records indicate. Smallpox spreads like wild-fire, due to the ease with which it is contracted, and since it was present in the surround-

ing counties, it is not likely that they escaped. In all probability, county officials were negligent in making the reports required by law.

Is the reader thinking, "All this happened in 1929. It is gone and should be forgotten so why worry about it in 1930?" This attitude just suits smallpox, the less attention paid to it the faster and farther it spreads and it is going twice as strong right now as it was a year ago. 2,001 cases were reported in the first seven months of 1930 and 1,087 cases in the same period of 1929 and the season of the year when the disease is most prevalent is still before us. The more seed sown the greater the harvest and so the forecasts are for a bumper crop of smallpox along with the drouth.

Every one of these two thousand and one cases of smallpox were unnecessary and the victims have no one but themselves to thank for their discomfort and disfiguration for vaccination would have protected them. Records show conclusively that recent vaccination with fresh vaccine protects against smallpox. Among 1,610 cases which occurred in one of the large cities a few years ago, there was not a single person who had been successfully vaccinated within five years. In another study of 9,903 cases, 9,022 had never been successfully vaccinated, 694 had been successfully vaccinated more than seven years previously and 187 had been vaccinated less than seven years and more than four years before.

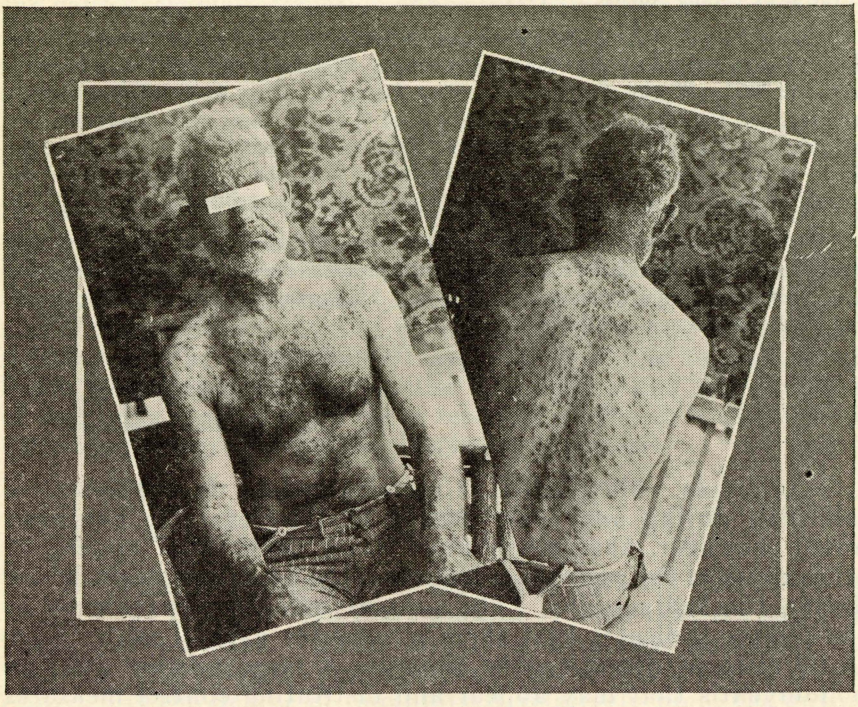
There are people who refuse to be vaccinated and assert with much vehemence that they would rather have smallpox than a vaccination take. That of course is their privilege and sooner or later they are usually overtaken by their choice. Photographs of one such individual will be found on a succeeding page of this publication. People who assert that they prefer smallpox to vaccination do not know what they are talking about, for, with the ease with which the disease is contracted, the fact that they have not had it proves conclusively that they have never been close enough to a case to know what it is really like.

The type of smallpox which has been prevalent in the state until recently has, on the whole, been extremely light and consequently the death rate has been low but these facts give little consolation for when the disease increases in prevalence as it is doing now it also increases in severity and there are a greater proportion of deaths. Severe cases and increased mortality are not the only misfortunes to be considered. It only takes one pock on the eye to destroy the sight and there are a surprisingly large number of people receiving blind pensions from the State of Missouri because their sight has been destroyed by smallpox.—R. L. L.

Smallpox thrives on unvaccinated people who are not afraid of it.

SMALLPOX

THIS MISSOURIAN DID NOT BELIEVE IN VACCINATION.



DO YOU WANT ONE SCAR OR MANY?

"It seems strange that year after year more cases of smallpox are reported in the United States than in any other county of the world except British India. Yet this disease can be controlled by vaccination and revaccination and with the cooperation of the public could be stamped out in the course of a few years."—Hugh S. Cumming, M. D., Surgeon General, United States Public Health Service.

DR. STEWART ISSUES A WARNING REGARDING INFANTILE PARALYSIS.

On August 26th the following letter was sent to all the physicians of Missouri:

Dear Doctor:

There is attached hereto the report of the Public Health Service pertaining to Poliomyelitis (Infantile Paralysis) for the week ending August 16, 1930, as compared to the week ending August 17, 1929.

You will note tnat there is a general increase of poliomyelitis throughout the United States as compared to the year previous. Only sporadic cases have been reported in Missouri prior to the week ending August 2. That week three cases were reported, and the following week ending August 9, eleven cases were reported. You will note that last week six new cases were reported in Missouri. We are taking the liberty of sending you this tabulation, as we believe it will be of interest to you in the preventive work, as well as in the early diagnosis of poliomyelitis.

We will appreciate your reporting promptly to your local health officer any new cases of poliomyelitis, and if we can be of service please advise us, as we are very anxous to prevent the spread of this disease in Missouri. We greatly appreciate your cooperation in the health conservation program.

Very truly yours,

JAMES STEWART, M. D.,
State Health Commissioner.

As a rule, poliomyelitis is more prevalent during the early fall than during any other season of the year. It has been noted, however, that when more cases than usual appear at other times of the year there is more often an extensive outbreak during the fall months. The present extensive prevalence of the disease indicates that there is need for every health officer to be alert in detecting the presence of any possible cases of poliomyelitis that may appear and instituting control measures without delay.

Experiments have shown that the micro-organism which causes poliomyelitis is present in the secretions from the mouths and noses of persons acutely sick with poliomyelitis, and in their bowel discharges. The virus has been demonstrated, also, in the secretions from the noses of healthy persons who have been in contact with the sick. On the basis of present knowledge it appears that the usual method of transmission of poliomyelitis is probably as follows: A person sick from poliomyelitis, or a healthy carrier, enters a community and comes in contact with a number of people. His infectious nasal and mouth secretions become transferred to their mouths or noses and the germs find conditions favorable to their multiplication. Most, or all, of these persons remain well or at least fail to develop characteristic symptoms of poliomyelitis. They in turn spread the infection

to others, chiefly through the usual contacts of ordinary business and social life. In the meantime, here and there, usually in widely-separated locations, the infection is transmitted to a susceptible person, most commonly a child, who develops the characteristic paralysis, showing that there has been serious damage to the central nervous system. It seems that the infection in adults tends to persist for a time in their noses without extending to the central nervous system, while in young children the infection not infrequently invades the brain and spinal cord and causes serious destruction of nerve tissue, producing paralysis. The difficulty in controlling poliomyelitis lies in the large number of healthy carriers who are the sources of infection in nearly all cases.

Dr. Charles H. Mayo says that it is futile to attempt to run away from infantile paralysis after the epidemic begins, because recent experiments have shown that at such a time the germs of the disease exist in the throats of almost all children and of many adults, most of whom never show any signs of the sickness. "The best thing to do," he says, "is to remain at home, guard the children against overfatigue and indiscretions of diet, give them a little extra rest during the day, and watch their temperature."—California Health Bulletin.

A properly performed vaccination always produces a "take." It is only when inert vaccine is used that we can say there was no take. When a person possesses immunity to vaccinia, and to small pox, the evolution of the lesion is accelerated. If the degree of immunity is relatively high, the entire process may be completed within 72 hours. There may be but little noticeable reaction, the patient may remember that on the day following the vaccination he found himself scratching the arm. If the arm is examined at such time it is found that the points of insertion are surrounded by areas of redness and there is likely to be a slight degree of swelling. With less immunity the evolution is slower. When the maximum area of redness has been reached within 12 to 72 hours, this is recorded as a reaction of immunity. When the maximum area of redness does not develop until the third to the seventh day, the lesion is a vaccinoid. In vaccinia, the maximum is not reached before the 8th to the 14th day. It is not necessary to revaccinate a person repeatedly in the belief that he must have a vaccinia lesion before he can be considered immune. Only in the case of primary vaccinations can one expect to have such a result. —Dr. A. Parker Hitchens.

SAFE MILK IS NECESSARY TO HEALTH.

THE TUBERCULIN TESTING OF CATTLE.



Talk tuberculin testing of cattle to a farmer who is hard hit by the drouth and short crops and you are not apt to get a very warm reception. It was a surprise, therefore, to find one farmer, living near a South Missouri city which is considering the adoption of the Standard Milk Ordinance, whose dairy herd had been tested for tuberculosis each year for a number of years and who was most emphatic in expressing his belief that all cattle should be tested regularily. If this man could tell each resident of Missouri why he feels as he does about the matter in the simple straight-forward manner in which he related it to a representative of the State Board of Health, people would see to it that every cow in the state was tuberculin tested as soon as it could possibly be done.

A local veterinarian induced this man to have his cows tested for tuberculosis a number of years ago and, to his surprise, his favorite cow reacted to the test. She was slaughtered, of course, as is required in such cases and investigation showed that she was in an advanced stage of generalized tuberculosis. This cow had been in the herd for a long time and it had been the custom to use her milk for the family supply. A short time after she was slaughtered, the farmer's wife became ill and her case was diagnosed as advanced tuberculosis. Death followed in a few months, and he is convinced that his wife developed tuberculosis as a result of using the milk from this infected animal. Is it any wonder that he favors the tuberculin testing of all dairy cattle?

The Standard Milk Ordinance, recommended by the State Board of Health of Missouri, requires that all dairies producing Grade "A" and Grade "B" milk have their herds tuberculin tested each year and that all reacting cattle be slaughtered. Does your milk supply come from a tested herd? Has your city adopted the Standard Milk Ordinance? Ask your health officer.

Whether or not milk is deserving of the virtues proclaimed for it, depends entirely upon its purity, its wholesomeness and its conformity to certain required chemical and bacteriological standards.—Chicago's Health.

VACCINATION SCARS.

Styles change in vaccination as they do in automobiles, and scientists have made the same improvements in "sanitary dimples" that motor car manufacturers are featuring in their products—smaller, safer, faster, and better looking models. Time was when vaccination scars the size of a quarter or even a half dollar were the usual thing, and ladies preferred to be vaccinated on a part of their anatomy which was not then exposed to view, or if they had been vaccinated on the arm, they camouflaged the scar with an artificial butterfly or some other decoration secured with adhesive when wearing an evening gown. Such scars are now as obsolete as a 1923 car, even though some people cling to the idea that a big ugly scar assures protection against smallpox regardless of how old it is. Immunity to smallpox depends much more upon how recently the vaccination was done with strong fresh vaccine than on the size of the scar or the number of separate vaccinations made at any one time.

Since the size of the vaccination scar has little to do with one's resistance to smallpox, up-to-date methods of vaccination aim to make the scar as small as possible. This is accomplished by introducing the vaccine into the upper layers of skin (without drawing blood) in the smallest area possible. The method recommended by physicians of the U. S. Public Health Service is known as "the multiple pressure method," and when properly done it does not leave a scar any larger than the end of a lead pencil, and it will fade out so that it is not noticeable after two or three years. This method does not ordinarily require a dressing.

A large vaccination scar is usually caused either by inoculating too large an area of skin with the vaccine or by failure to keep the vaccination sore clean and properly cared for. When the crust becomes broken and the sore is not kept clean, pus producing bacteria can enter the wound and cause trouble, and such infections nearly always leave a large ugly scar. A good "take" does make the arm sore for a few days, but it does not produce a serious condition. Bad arms are caused by getting undesirable bacteria into the sore usually because it has been scratched with dirty finger nails.

Recent vaccination protects against smallpox. The State Board of Health will be glad to send pamphlets on smallpox and the multiple pressure method of vaccination to interested persons who request them.—R. L. L.

We still have 30,000 to 100,000 cases of smallpox each year, in spite of the work of Jenner. Of course that is just plain, outright carelessness and ignorance.—Roy Lyman Wilbur, M. D.

THE BLUE RIBBON BABY HEALTH CONTEST.



"I want to be measured for my Blue Ribbon" piped a tiny little miss of two years as the nurses unlocked the doors of the Blue Ribbon Baby Health Contest rooms at the State Fair early one morning. Interest in the Blue Ribbon Baby requirements is becoming apparent in every section of the state, and two hundred babies from twenty-nine counties were entered in the contest at the State Fair this year.

A health contest presupposes a series of educational clinics in the counties where parents of these babies may learn the best methods to use in the care and feeding of children, and those entered in the contest should be those who have shown the greatest progress as a result of the city or county health program. The fact that the majority of the high scoring babies this year had been under regular health supervision most of their lives emphasizes the value of the educational work which is being done by the local health departments and the practicing physicians of the state.

Many of the babies who were entered this year were examined at the State Fair last year, and, with very few exceptions their scores were higher this year, showing that the parents had carefully followed out the recommendations which were made last year. Not every baby who received a cup last year was awarded one this year, but in most cases this was due to the large number of splendid babies which were entered this year, thus making the competition much keener.

The prize winning triplets, Harold, Herbert and Howard Stevens, sons of Mr. and Mrs. C. E. Stevens of Pettis County, were examined again this year and were again found to meet all of the State Blue Ribbon requirements and, were awarded the 1930 Blue Ribbons.

The Grand Champion Baby Girl was Mary Josephine McKinney, daughter of Mr. and Mrs. J. J. McKinney of DeWitt, Carroll County. Little Mary Josephine scored 99.9 and was awarded the Governor Henry S. Caulfield Cup. The highest scoring boy was Robert Logan Sutherland of Windsor, Henry County. Robert Logan scored 99.8 and was awarded the cup presented by Lieutenant Governor Edward H. Winter.

A new feature of the 1930 contest was the presentation of the two Grand Champions before the grand stand on Saturday afternoon. Dr. James Stewart, Superintendent of Baby Health Contest, introduced the babies and their parents and explained the purpose of the Blue Ribbon Health Contest, and what the State Board of Health was doing to promote Child Hygiene throughout the State.

Secretary W. D. Smith would like to make the presentation of the champion babies a regular feature of the Fair, and effort will be made next year to complete the examinations earlier in the week so that the highest scoring baby in each class may be presented in the revue.—P. McI.

The winners in the various classes were as follows:

1930 BLUE RIBBON BABY HEALTH CONTEST AWARDS.

Class No.				Score
1345	**Rural Boys—12 to 24 Months:**			
1.	Keith Hanley Marshall	Mr. and Mrs. A. H. Marshall	Houstonia	98.5
2.	Troy Gene Haggard	Mr. and Mrs. T. M. Haggard	LaMonte	98.4
3.	Charles Rice Casebeer	Mr. and Mrs. R. S. Casebeer	New Franklin	97.4
1346	**Rural Boys—24 to 36 Months:**			
1.	Robert Logan Sutherland	Mr. and Mrs. Logan Sutherland	Windsor, R. 4	99.8
2.	Harold Wesley Kruse	Mr. and Mrs. M. H. Kruse	Kearney	99.2
3.	Herbert Stephens	Mr. and Mrs. C. E. Stephens	Sedalia, R. 7	99.
1347	**Rural Boys—36 to 48 Months:**			
1.	James Thompson	Mr. and Mrs. L. Thompson	Osage City	98.1
2.	Donald Dean Metson	Mr. and Mrs. Irvin J. Metson	LaMonte	96.3
3.	Herbert Leslei Rothenberger	Mr. and Mrs. P. M. Rothenberger	Green Ridge	93.2
1348	**Rural Girls—12 to 24 Months:**			
1.	Mildred Lorene Ayers	Mr. and Mrs. Harry Ayers	Lamar	99.8
2.	Marilowann Norfleet	Mr. and Mrs. P. Norfleet	Eugene	99.5
3.	Etta Jean Boney	Mr. and Mrs. W. C. Boney	Windsor	99.
1349	**Rural Girls—24 to 36 Months:**			
1.	Dorothy June Whiteside	Mr. and Mrs. Tom Whiteside	Springfield, R. 9	99.8
2.	Bernice Gretlein	Mr. and Mrs. Henry Gretlein	Brazito	99.
3.	Marjorie Ann Davis	Mr. and Mrs. Clay T. Davis	Cameron	98.9
1350	**Rural Girls—36 to 48 Months:**			
1.	Doris Rackers	Mr. and Mrs. Otto Rackers	Jefferson City, R. 4	99.5
2.	Margaret Elizabeth Casebeer	Mr. and Mrs. R. S. Casebeer	New Franklin	98.
3.	Martha Jean Berry	Mr. and Mrs. Cambell Berry	Sedalia, R. 6	97.
1351	**Town Boys—12 to 24 Months:**			
1.	Donald Clifford Oehrke	Mr. and Mrs. A. F. Oehrke	Smithton	99.6
2.	Hubert Frank Heying	Mr. and Mrs. H. F. Heying	Boonville	99.5
3.	William Mackey	Mr. and Mrs. Noah Mackey	Lees Summit	97.6
1352	**Town Boys—24 to 36 Months:**			
1.	Allie Wallace Grace, Jr	Mr. and Mrs. A. W. Grace	Concordia	98.5
2.	Bobbie Ross Blackman	Mr. and Mrs. C. D. Blackman	Pleasant Hill	98.3
3.	Walter Wm. Esser	Mr. and Mrs. J. L. Esser	Boonville	97.
1353	**Town Boys—36 to 48 Months:**			
1.	Billy Loman Kornhaus	Mr. and Mrs. Wm. Kornhaus	Adrian	99.
2.	Reed John Blackman, Jr	Mr. and Mrs. R. J. Blackman	Stover	98.
3.	John Roland Sampson	Rev. and Mrs. Wm. Sampson	Napton	97.5

Class No.				Score
1354 Town Girls—12 to 24 Months:				
1.	Mary Josephine McKinney	Mr. and Mrs. J. J. McKinney	DeWitt	99.9
2.	Betty Jacqueline Hunter	Mr. and Mrs. R. H. Hunter	Versailles	99.8
5.	Lois Reva Bremer	Mr. and Mrs. F. A. Bremer	Smithton	99.6
1355 Town Girls—24 to 36 Months:				
1.	Norma Lee MacKay	Mr. and Mrs. J. L. MacKay	Lees Summit	99.8
2.	Dolores Smoyer	Mr. and Mrs. C. H. Smoyer	Versailles	99.7
3.	Frances Brosing	Mr. and Mrs. Curtis Brosing	DeWitt	99.6
1356 Town Girls—36 to 48 months:				
1.	Anita Alice Bills	Mrs. Mable Bills	Sweet Springs	99.7
2.	Alberta Sue Hines	Mrs. Okla Mussen	Carrollton	99.4
3.	Joyce M. Gilmore	Mr. and Mrs. J. M. Gilmore	Warrensburg	94.3
1357 City Boys—12 to 24 Months:				
1.	Ray Lee Gordon	Mr. and Mrs. O. E. Gordon	Jefferson City	99.5
2.	Floyd Everette Yorkley	Mr. and Mrs. F. E. Yorkley	Sedalia	97.8
3.	Lovell Lloyd Roe, Jr	Mr. and Mrs. L. L. Roe	Sedalia	97.6
1358 City Boys—24 to 36 Months:				
1.	Keith Allen Smith	Mr. and Mrs. L. Byron Smith	Kansas City	99.7
2.	Wayne Graham Crutchfield	Mr. and Mrs. W. J. Crutchfield	Warrensburg	99.6
3.	John Burns Kane	Mr. and Mrs. John A. Kane	Independence	99.4
1359 City Boys—36 to 48 Months:				
1.	Paul Edwin Ross	Mr. and Mrs. L. J. Ross	Jefferson City	99.7
2.	Richard Allen Truitt	Mr. and Mrs. K. W. Truitt	Kansas City	98.8
3.	Ronald Webster Felt	Mr. and Mrs. A. W. Felt	Kansas City	97.9
1360 City Girls—12 to 24 Months:				
1.	Jeanne Camillo Gillum	Mrs. Lulu Gillum	Kansas City	99.8
2.	Ada Maurine Parsons	Mr. and Mrs. C. K. Parsons	Sedalia	99.
3.	Ida Roseanne Wise	Mr. and Mrs. Herman J. Wise	Sedalia	98.9
1361 City Girls—24 to 36 Months:				
1.	Anna Mae McHugh	Mr. and Mrs. H. J. McHugh	Jefferson City	99.7
2.	Wannetta Catherine Maggio	Mr. and Mrs. Lorenzo Maggio	Kansas City	98.5
3.	Betty Lou Witt	Mr. and Mrs. E. W. Witt	Sedalia	97.1
1362 City Girls—36 to 48 Months:				
1.	Mary Therese Kaullen	Mr. and Mrs. F. A. Kaullen	Jefferson City	99.8
2.	Shirley Jo Anne Smith	Mr. and Mrs. L. Byron Smith	Kansas City	99.7
3.	Gloria Jean Michaels	Mr. and Mrs. R. R. Michaels	Kansas City	99 5
GRAND CHAMPION BOY:				
	Robert Logan Sutherland	Mr. and Mrs. Logan Sutherland	Windsor	99.8
GRAND CHAMPION GIRL:				
	Mary Josephine McKinney	Mr. and Mrs. J. J. McKinney	DeWitt	99.9

As usual, the children of school age were examined on the Six and Nine Points and credit was given to the county having the largest number who won awards and rated according to the distance from Sedalia. The State Fair Board awards a cup to the county getting the highest score for Six Point examinations, and this cup is placed in the office of the County Superintendent of Schools of the winning county. The awards this year were as follows:

First—Cole County.....Score 50
Second—Jackson County.....Score 40
Third—Howard County.....Score 30

FREE TYPHOID VACCINE FOR INDIGENTS.

Because of the increased menace of typhoid fever caused by the unusual sanitary conditions resulting from the prolonged dry weather, Dr. James Stewart, State Health Commissioner, announced on August 14 that the State Board of Health of Missouri would furnish typhoid vaccine to the physicians of the state without charge for administration to persons who were unable to pay for this material. Dr. Stewart requested physicians desiring vaccine to submit the names of the people who were to be immunized with their requests for vaccine and it is worthy of note that a number of doctors have stated in their requests that they desired vaccine for the protection of the members of destitute families in which from one to three persons already had typhoid fever. At the time of writing, sufficient typhoid vaccine has been distributed to immunize more than a thousand people.

Very few epidemics of typhoid fever have occurred in Missouri in the past few years but the number of sporadic cases encountered is very high. Indications are that most of these cases are contracted by fairly direct contact with cases or carriers of the disease rather than by the use of contaminated water, milk and other foods. The personal protection of the individual by the use of typhoid vaccine is, therefore, of as great importance as the sanitary protection of water and food supplies in reducing the typhoid toll in Missouri. It is regrettable that funds have not been provided long ago for the distribution of typhoid vaccine and it is hoped that funds will be provided in the near future which will enable the State Board of Health to make this service a permanent part of their disease prevention program. —R. L. L.



SANITARY SAMBO SAYS:

When you get smallpox you won't want to be quarantined.

If the neighbors get it, you will want them quarantined to the limit.

If you and the neighbors are all vaccinated, none of you will need to worry, even if smallpox comes close to you.



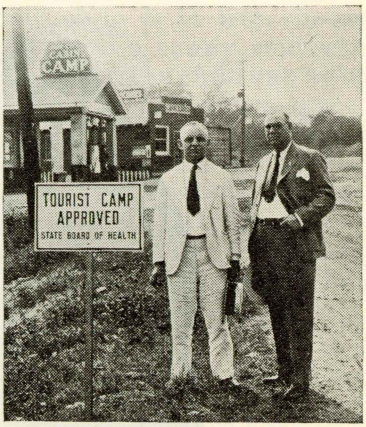
NEW APPROVED PUBLIC WATER SUPPLY SIGN FOR MISSOURI HIGHWAYS

Left to right—Mr. T. H. Cutler, Chief Engineer, Missouri State Highway Department; Dr James Stewart, State Health Commissioner.

NEW APPROVED WATER SUPPLY AND TOURIST CAMP SIGNS

The new signs indicating approval of public water supplies and tourist camps located on the state highways by the State Board of Health are finally ready for distribution. The State Highway Department has purchased these signs and will erect these signs at those places which have been approved by the State Board of Health. The pleasing appearance which these signs present can be partially appreciated from the accompanying photograph.

The approved water supply signs will be erected at the city limits of all cities which have water plants of satisfactory construction and which have met the bacteriological standard of the State Board of Health. Many cities have met this bacteriological standard but will not receive the signs because of some sanitary defect in the construction of the plant. Such cities should take immediate steps to correct the defects in order that they may have a fully approved supply.



The approved tourist camp signs will be erected only at camps which have a permit to operate from the State Board of Health. This permit is based on water supply, sewage disposal, garbage disposal, handling of food, and general sanitation. If you are traveling, stop only at tourist camps which have received a permit to operate and the approval sign, because only at these camps can you be sure that the owner has taken every precaution to protect your health. The posting of approved tourist camps with a suitable sign, in addition to the approved comfort stations already indicated by highway signs, will provide approximately 500 places on the state highways that have approved water supplies and sanitary facilities.—W. S. J.

NOBODY TOOK HIM UP.

What Dr. Osler, one of the greatest physicians of our times, thought of the value of vaccination against smallpox is evident from the following paragraph from one of his letters. So far as is known the challenge went entirely unanswered. It would not be expected that any antivaccinationist would be willing to run the personal risk of putting his own unsound theories to the test.

"I will go into the next severe smallpox epidemic with 10 selected vaccinated persons and 10 unvaccinated persons. I should prefer to choose the latter—3 members of parliament, 3 antivaccination doctors, if they could be found, and 4 antivaccination propagandists. And I will make the promise—neither to jeer nor to jibe when they catch the disease, but to look after them as brothers, and for the 4 or 5 who are certain to die I will try to arrange the funerals with all the pomp and ceremony of an antivaccination demonstration."—Anon.

The vaccination scar is your mark of safety; let it protect you. Be vaccinated yourself and have the other members of your family vaccinated. Why endanger your health and happiness by putting off so simple a treatment?—Metropolitan Life Insurance Company.



OUT OF BABYHOOD INTO CHILDHOOD.

III. PLAY.

Prepared by the Children's Bureau, U. S. Department of Labor

Active play teaches the child to use his mind and his body. When he runs, climbs, and throws his ball he is learning to move with balance and skill. His muscles are growing strong and quick to act. Playthings with which the child can do something —balls, blocks, wagons, tools, dishes, dolls, and crayons— stimulate his imagination and ingenuity. Large apparatus, such as a seesaw, a smooth board for coasting, a short ladder, helps in developing muscle balance and control. Every child should have a box or a cupboard where he may keep his toys and other possessions, and a room—or at least a corner—where he may play undisturbed.

Play with other children helps the child to venture out of the protected life of the home and meet a larger social group. Through this kind of play he learns to take his part in the game and wait his turn.

Outdoor sunshine helps children to grow and to keep healthy. Every child should get well tanned on the face, neck, chest, arms, and legs, and, if possible, on the rest of the body as well. To tan the child the sun must shine on his skin directly—not through window glass or clothing.

In selecting a house where a small child is to live, choose one, if you can, with some rooms that have a sunny southern exposure and with a sunny porch or yard where the child can have a sand box and other play materials that do not take much space. A southeast or southern exposure is the best for the nursery, or children's room, which should be kept well ventilated. In the city it is well to select a home near a park, if possible, so that there will be space for free running and games. An apartment in the city is not the best home for little children, as usually there is no porch or yard, and frequently the only playground is the street.

Children need sun all the year round.

MENTAL HYGIENE.

Contributed by Mrs. M. P. Overholser, Chairman Mental Hygiene, Missouri Association of Parents and Teachers.

SELF-SEEKING AND SELF-SACRIFICE.

"People used to think that parents who waited on their children even after they were grown were self-sacrificing, and that the child should return their devotion by clinging indefinitely to the home. Now we are beginning to realize that habits of initiative and self-reliance should be encouraged from earliest childhood so that the child may gradually acquire his full independence. The "teens" should bring an assurance of mental and emotional maturity—the ability to think, feel and act as an adult."

—From "Old and New Versions of Child Training."

"LOVE" OR SELFISHNESS?

In attempting to adjust personality difficulties or behavior problems in children the mental hygienist is confronted with parental selfishness, jealousy, self-pity, and spite reactions complacently rationalized in the phrase "parental love." In common acceptance the love of parent for child is considered the highest form of affection in human relationships. And so it is in many an instance, rising to all the heights of sacrifice and self-forgetfulness portrayed in the poetry and prose of centuries. It is the very fineness of these qualities as they can express themselves in the parent-child relation that makes it so important for parents to cultivate the habit of being honest with themselves, to temper mercy with judgment, to differentiate between guidance and tyranny, to avoid making childhood the butt of grown-up emotional immaturity.—Dr. Esther Loring Richards.

VACCINATION DRESSINGS.

Did you ever see a bunion plaster used as a vaccination dressing? Don't ever put one on your arm! They look like they would be just the thing, but looks are sometimes deceiving. The felt and adhesive used in these plasters have been found to contain the spores (seeds) of the tetanus germ, and people have developed lockjaw in cases where these spores have found their way from the plaster into the vaccination.

Normal vaccinations don't need dressings. In fact, a dressing is apt to do more harm than good. This statement doesn't seem to check with our past ideas on the subject, but nevertheless it is just what the authorities are recommending when the multiple pressure method of vaccination is used. A small sore is the thing, and this method gives the desired result. Even the surplus vaccine with the glycerin which it contains is wiped off as soon as the vaccination is completed because it has a tendency to soften the skin, and makes a larger take. The crust that forms is Nature's own protection, and will prevent the entrance of undesirable bacteria if it is not torn off or ruptured. A firm, hard crust that will stand abuse is formed when the take is kept cool and dry, and the freest possible circulation of air and the natural friction of the clothing seem to aid the process. Dressings and tight clothing keep the area warm and moist, and produce a soft crust which is easily damaged. Then, when the dressing is changed, as it must frequently be, the crust sticks to it, is torn off, and dangerous bacteria have a chance to get into the sore and cause trouble. Of course, when the vaccination crust has been broken or damaged it should have medical attention and a dressing at once. The dressings required in such cases should always be removed and new ones applied by a physician.

If the vaccination crust becomes wet while bathing, is moistened with perspiration, or becomes soiled, it should be cleaned with sterile gauze moistened with acetone, and if you do not have these things available, a clean, dry, freshly ironed handkerchief should be used.

When one's work is such that a dressing is necessary as a protection against dirt or bruises, a light loose one should be used. The best method is to pin it to the clothing covering the arm, and when it is necessary for any reason to attach a dressing to the arm, it also should be light and loose, and attached in such a way that it will not interfere with the circulation in the least. Nothing can be worse than to fasten it with a strip of adhesive tape that goes clear around the arm, and remember that felt pads of any sort or celluloid shields are considered undesirable. —R. L. L.

SCHOOL TIME.



At this time of year most everyone is thinking of school. Parents are shopping for the children's school clothes, new suits and dresses to be purchased, coats, hats, caps, and shoes, in fact, everything that will be needed for the looks and comfort of the little folk. This is all very commendable on the part of parents, but there is another thing far more important than looks or even comfort—that is, the safety of your child while in school. You are spending money to provide comfortable clothing as a protection against pneumonia. Have you inquired about the water supply at your school as a protection against typhoid? If the parents will do their part by electing men on the board each year who value the welfare of the children more than a few cents school taxes, we will soon have better schools and less communicable disease, which will increase the average attendance of the school, and often prevent the loss of loved ones.

A representative of the State Board of Health recently visited a school in one of our southern counties in which a most deplorable condition was found. The building was much too small to comfortably house the number of pupils enrolled, and was about ready to tumble down. Drinking water of an unknown quality was obtained from an open spring located one-fourth to one-half a mile from the school. Absolutely no toilet facilities whatever were provided. Some of the home-made desks and seats that the children are using bear initials carved by their grandfathers years ago. Yet, the children were all fairly well dressed. This is taken as evidence that the parents in this school district are doing their part toward their children in all but one respect, that is, keeping men on the school board who will see that school conditions for the children are as safe as their homes.

During 1929, inspections were made and recommendations offered in more than four thousand rural schools of the state. Considerable time and money were spent by both the state and your county in rendering this service. Has your district shown its appreciation by making the improvements recommended?

County health officers are requested to make inspections of schools this year as early as possible and have their reports in the State Board of Health office by January 1, 1931.

School directors are requested to cooperate with their health officers by carrying out all recommendations made by him, and patrons are urged to see that their directors do cooperate with their health officers.—W. A. McG.

VACCINATION TAKES.

"I was vaccinated, but it didn't take." Perhaps it didn't but vaccinations always take when the inoculation is properly made with fresh, strong vaccine, but the take or reaction in persons who have some protection against smallpox because of a previous successful vaccination is not the same sort of a take that they had the first time. In the past you went to see the doctor on the tenth day following vaccination, and if you had not developed a typical old-fashioned vaccination sore, it was assumed that you were immune to the disease. There was always the possibility though that the vaccine had lost its strength, and so the doctor vaccinated you again to be sure.

The kind of a vaccination reaction that you get with good, strong vaccine depends upon how well you are protected against smallpox. If you are immune, the reaction is known as an immediate take, and reaches its height in from eight to seventy-two hours. It is a little insignificant thing about one-eighth of an inch in diameter, elevated just enough that it can be felt when the finger is passed lightly over the skin, and how it does itch!

If you have some protection against smallpox but not enough to defend you against exposure to a bad case of the disease, you will have what is called an accelerated take. This reaction reaches its broadest redness in from three to seven days, and the skin may show an area of redness two or two and one-half inches in diameter.

What is commonly considered a take indicates that the individual has no resistance to smallpox, and is called a primary take. With this kind of a take very little reaction is observed during the first few days after vaccination, but on about the seventh day it begins to spread rapidly, and reaches its height in from eight to fourteen days. If you don't like the idea of having a second primary take, the thing to do is to be vaccinated every three to five years, and you will then get an immediate or accelerated reaction, which will restore any immunity that you have lost, without causing inconvenience.

The modern practice in inspecting vaccinations is to examine the arm two, four, and eight days after vaccination, and by so doing the doctor can tell which one of the three types of takes you have had, and whether the vaccine was good. Persons who have given typical immune or accelerated reactions do not need to be re-vaccinated as used to be done. One difficulty with the older methods of vaccination was that they produced a sufficient amount of what the physician calls trauma or injury to the tissues to make it difficult to read the immediate or immune reaction. The multiple pressure method of vaccination causes so little of this trauma that the results of the inoculation do not interfere with the reading of an immediate reaction on the second day.

Smallpox vaccine loses its strength very quickly unless it is kept extremely cool. In fact, the average ice box is not cool enough for best results, and one day out of cold storage in the summertime causes a serious loss of strength. Vaccine which has been weakened by failure to keep it cool enough will give an immediate reaction when it should give an accelerated reaction, and such vaccine cannot be depended upon to give the individual the protection necessary to guard him against exposures to severe types of smallpox.—R. L. L.

SUPPLEMENTARY LIST OF APPROVED TOURIST CAMPS AND RESORTS.

A list of 325 resorts and tourist camps which had received permits to operate from the State Board of Health was published in the August issue of *Missouri Public Health News*. The following is a supplementary list of camps and resorts which have received permits since the August list was issued. These permits indicate approval of the water supply, sewage and garbage disposal and general sanitary conditions.

State Highway No. 1.

Bungalow Park ..... Savannah.

State Highway No. 9

Tarkio Oil Company Camp ..... Tarkio.

State Highway No. 13

Maple Park Tourist Camp ..... Fairplay.

State Highway No. 16

Brown Gables ..... Monett.

State Highway No. 33

Taylor Tourist Camp ..... Plattsburg.

U. S. Highway No. 36

Ever Green Tourist Camp ..... Brookfield.

U. S. Highway No. 40

Bungalow Hotel ..... St. Charles.
St. Charles Tourist Camp ..... St. Charles.
Heady Hotel ..... Wentzville.
Winter's Hotel ..... Foristell.
Eastville Camp ..... Kingdom City (5 mi. W.).

U. S. Highway No. 50

Dixie Grove Camp ..... Centertown.

U. S. Highway No. 54

Maple Park Tourist Camp ..... Fairplay.

U. S. Highway No. 61

Martin Park ..... Canton.
LaGrange City Tourist Park ..... LaGrange.
Camp Wyaconda (Y. W. C. A.) ..... LaGrange.
Mineral Springs Park ..... Frankford (2 mi. N.).
Bungalow Hotel ..... St. Charles.
St. Charles Tourist Camp ..... St. Charles.

U. S. Highway No. 66

Forest Park Inn	Avilla (3 mi. E.).
Joplin Cottage Camp	7th and Oliver, Joplin.
Pile & Shackelford Camp	1702 West Fourth St., Joplin.

U. S. Highway No. 69

Log Cabin Camp	Bethany.

U. S. Highway No. 71

Bungalow Park	Savannah.
Stokes Tourist Camp	Stokesville (4 mi. SE. of Joplin).
Sagamont Inn	Joplin (5 mi. S.).
Sinclair Camp	Noel.

State Highway No. 80

Hill Crest Camp	West Plains.

State Highway No. 88

Havenhurst	Pineville.
Rio Vista	Pineville.

State Highway No. 90

Plaa Daaz Ranch	Noel (2 mi. S.).

Atchison County

City Tourist Park	Tarkio.

Buchanan County

Camp Marvin Hillyard (Y. M. C. A.)	St. Joseph (10 mi. SE.).

Crawford County

Indian Springs Lodge	Steelville.

Howell County

Pine Brook Inn	Siloam Springs.

Jackson County

Wildwood Lakes	Raytown (2 mi. SE.).

McDonald County

Miller's Resort	Elk Springs.
Witt's Resort	Elk Springs.
Simon's Cottages	Lanagan.
Kozy Kove	Noel.
Sugar Beach	Pineville.

Reynolds County

Black River Lodge	Glover.

Taney County

Hollywood Hills Hotel	Branson (4 mi. NE.).
Mueller's Cottage	Taneycomo.

Webster County

Camp Arrowhead (Boy Scouts)	Marshfield (6 mi. SE.).

Following a small typhoid fever epidemic from a milk supply at Poplar Bluff, the city council has been urged to pass the Standard Milk Ordinance recommended by the State Board of Health. The ordinance was presented to the council Monday, August 4th, and was passed on first reading. The strong backing which the ordinance is receiving from the city health board and the dairymen favors its final adoption by the council.

SAFEGUARDING PUBLIC WATER SUPPLIES.

At a meeting of the American Water Works Association held in St. Louis in June, 1930, a paper on water-borne epidemics of typhoid fever and dysentery was presented by Messrs. Arthur Gorman and Abel Wolman. The information for this paper was secured from questionnaires sent to the state and provincial sanitary engineers of the United States and Canada. The figures given below are taken from a tabulation of the 27 causes of 226 water-borne typhoid and dysentery epidemics in the United States and Canada during the decade 1920-1929.

Five principal causes which were responsible for 125 epidemics are listed together with their rank and the number of epidemics which each caused.

Rank	*Cause*	*Number of epidemics*
1	Surface pollution of shallow wells	36
2	Cross connection with polluted water supply	28
3	Contamination of stream by pollution of watershed	23
4	Use of polluted river water untreated	20
5	Inadequate chlorination when only treatment	18

It is significant that the largest individual cause of water-borne typhoid and dysentery epidemics in the last ten years has been the pollution of shallow wells. Shallow wells, most of them not using any purification processes, are used as sources of city water supplies in Missouri by fifteen cities. In many cases, engineers of the State Board of Health have recommended chlorine sterilization for these supplies and it is felt that the above figures should certainly lend weight to these recommendations. A false sense of security has often been instilled in the minds of those in charge of shallow well supplies by the fact that bacteriological examinations have shown no contamination or very slight contamination. Unless bacteriological examinations are made on shallow wells every few days, too much confidence should not result from negative tests for B. coli. It is possible, and in some cases very probable, that some of the shallow wells in this state have been intermittently contaminated between sampling periods.

It is interesting to note that cross connections with polluted supplies ranked second in the causes of typhoid and dysentery epidemics. Although all the returns on the recent questionnaire survey on cross connections made by this department have not been received, enough have been tabulated to show that a considerable number exist in this state. The only absolutely safe way of safeguarding a cross connection is to remove it.

The fact that a water supply has never been responsible for a typhoid epidemic should not be taken as assurance that it never will, since a lengthy period of time may elapse before typhoid bacteria enter with other pollution. The superintendent and other water works officials must exert eternal vigilance toward the safeguarding of the city water supply. The fact that 226 epidemics of typhoid and dysentery have occurred in the last ten years should awake anyone in responsible charge of a public water supply from dangerous complacency regarding the assured safety of existing supplies from danger of contamination. If a city water supply needs additional protection it is certainly a profitable investment to provide it before a typhoid outbreak takes its toll in sickness and death of those drinking the water.—W. S. J.

We have had approximately 26,000 cases and 5,700 deaths due to typhoid fever. These were the figures for 1928. They would not be greatly different now. Typhoid fever, of course is another preventable disease.—Ray Lyman Wilbur, M. D.

Typhoid is communicable by contact with the discharges from the body and the handling of articles used or handled by the patient. The nurse should give instruction in the following detail; the care of the linen which should be boiled and then washed, the dishes which should also be boiled before being washed; the burning of all refuse food, the disinfection of all discharges; the proper method of sweeping and ventilating the patient's room and last, but most important, the care of the hands of all those who come in contact with the patient.—Florida Health Notes.

A great deal of the suffering the human being is subject to is due to ignorance. Our children must be taught more and more that a great deal can be done to be healthy and remain healthy, and they must also be impressed with the fact that whenever they ignore certain health teachings, they will sooner or later pay the price with ill health.—Milwaukee Health Bulletin.

One million persons are sick with malaria each year.We know that we do not have to have malaria if we want to pay the price to get rid of it, and that price is practically one of dollars. It does not take very much skill in most cases.—Ray Lyman Wilbur, M. D.

Don't expect to have health without effort; nothing in this world worth anything can be had without paying for it, and health is the prize of constant struggle.—Henry Churchill King.

MISSOURI WATER AND SEWERAGE CONFERENCE SECTION.

SIXTH ANNUAL MEETING OF THE MISSOURI WATER AND SEWERAGE CONFERENCE.

Plans for the sixth annual meeting of the Missouri Water and Sewerage Conference are being formulated and every indication is that this meeting will be the biggest the organization has ever held. The executive committee has selected Columbia as the 1930 convention city, and the date of the meeting is October 23-24-25. The selection of Columbia is a particularly happy one, since it will not only permit a visit to the University of Missouri but will also make available the services of some of the faculty of the Engineering College of the University for our program.

As in previous years, efforts will be made to have several leaders in the field of water and sewage treatment present at the meeting. Mr. John R. Baylis, formerly chemist in charge of the Baltimore, Maryland, water plant, and now in charge of the experimental water filtration plant at Chicago, Illinois, has already accepted an invitation to attend the meeting, and several other outstanding men will probably be present. Undoubtedly, some of the members of the conference have subjects which they are especially interested in discussing or having discussed. Any suggestions for the program will be gladly received by the secretary, Mr. H. D. Peters.

The meetings of the Missouri Water and Sewerage Conference are valuable to those attending both because of the papers that are delivered and because of the opportunity of exchanging ideas with other men who are in the same profession. Announcements of the meeting will be sent in the near future to all those engaged in water or sewage treatment work. This will be an opportunity that no water or sewage treatment superintendent can afford to miss. Come and assist in making this meeting of your conference the most successful to date.—W. S. J.

MISSOURI WATER AND SEWERAGE CONFERENCE NOTES

Plans for the construction of improvements to the Clarksville waterworks have been approved by this department. A new well has been drilled and the old plant which used Mississippi River water will be abandoned. The water company was fortunate in securing a flowing well which will furnish water to a surface reservoir without pumping. The services of the Missouri Bureau of Geology at Rolla were enlisted by the water company officials in selecting a site for the well.

A young woman with her three children, while visiting her sick mother-in-law, noted on her a peculiar eruption and asked with considerable alarm about the nature of the disease. On being told it was smallpox, she departed in haste and went straight to the health officer with her offspring to have them vaccinated. At the same time she indignantly related the story of her visit. On investigation, the diagnosis was confirmed, the house placarded and vaccination offered to all the household. The sick lady decided against vaccination for her husband on the ground that it might interfere with his work, so all the rest were vaccinated. Then the husband was asked: "Are you going to be vaccinated or don't you have the say-so?" This was too much for the old gentleman whose weakness, up to this point, had been rather too evident. He was obliged to proclaim the mastery of his own destiny, and to prove his authority, he offered his left arm with the sleeve rolled high.—Florida Health Notes.

Health is the greatest of blessings and the source of efficiency and power. "Health raises, and disease lowers, the standard of purity and morals." Health is the greatest asset of any state. Improve public health and you increase the resources of the commonwealth. You cut off waste, public and private; you promote community prosperity and individual welfare, and encourage happiness. What greater deed can you do to earn the gratitude of the people of your state?

The concept of medical service of the community should include a systematic and intensive use of preventive measures in private practice and effective support of preventive measures in public health work.—Committee on Costs of Medical Care.

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COMPARISON OF COMMUNICABLE DISEASES REPORTED DURING THE MONTHS OF JULY, 1929 AND 1930.

Disease.	1929	1930
Chickenpox	57	67
Diphtheria	100	70
Epidemic Sore Throat	0	25
Influenza	5	3
Malaria	134	112
Measles	91	126
Meningitis	22	10
Mumps	45	38
Ophthalmia	1	4
Pneumonia	13	6
Poliomyelitis	0	1
Rabies in animals	10	4
Scarlet fever	75	103
Smallpox	46	83
Tetanus	4	1
Trachoma	11	41
Tuberculosis	270	209
Typhoid fever	77	89
Whooping cough	429	148
Undulant fever	0	17

MISSOURI PUBLIC HEALTH NEWS

"The Welfare of the People is the Supreme Law"

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Missouri Water and Sewerage Conference

COLUMBIA, MISSOURI

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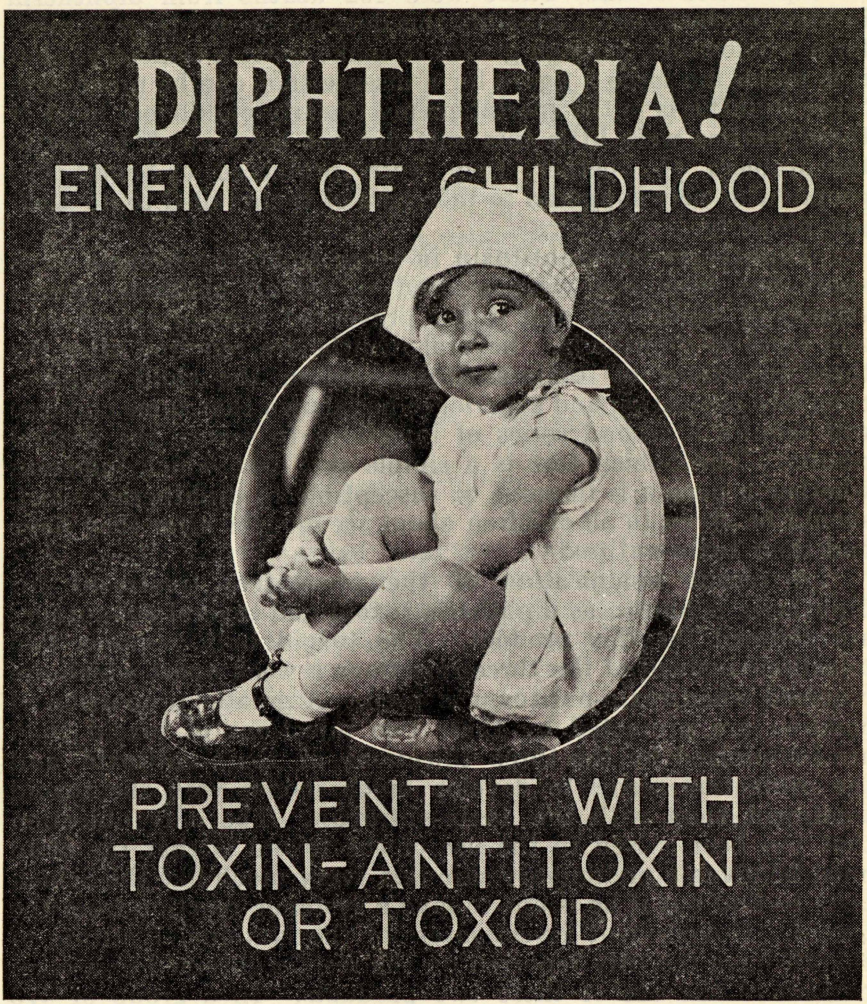
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DIPHTHERIA PREVENTION

That gratifying progress has been made in the control of diphtheria during the last decade is shown by a comparison of the number of diphtheria examinations made by public health laboratories eight or ten years ago with the number of such cultures received at the present time. Many laboratories now make about the same number of these tests in a year that they formerly made in a single month during the heighth of the diphtheria season. However, diphtheria is still with us and none of these public health laboratories are at all out of practice on diphtheria work. There were 192 deaths from diphtheria in Missouri last year. Possibly this does not seem a large number for a whole state (enough graves to make quite a cemetery), but it is much too large a figure for a disease that can be prevented. Since diphtheria is the special enemy of early childhood, most of these victims were little tots who did not have much to say in the problem of whether they were protected or not. The people who were supposed to take care of them failed to do their job properly.

Diphtheria toxin-antitoxin in three small injections a week apart has been the weapon used to defend children against attacks of diphtheria and it has prevented uncountable deaths and cases of diphtheria. Several months are required after the three injections of toxin-antitoxin before the child acquires complete protection and experience has shown that some children will require a second series of injections to secure the desired results. The Schick test is a simple skin test which indicates whether a person is immune or susceptible to diphtheria, which should be given to all children about six months after they have had their toxin-antitoxin.

A recent modification of the preventive treatment for diphtheria is known as diphtheria toxoid and several advantages are claimed for this product. The toxoid only requires two injections instead of the three injections a week apart which are required when toxin-antitoxin is used. A greater proportion of children are protected by these two injections of toxoid than are immunized by the three injections of toxin-antitoxin and the protection seems to develop much sooner with the toxoid treatment than with the toxin-antitoxin. The only objection that has been raised to the use of the toxoid is that the child must be given a preliminary skin test (very much like the Schick test) to find out if he is apt to give a systemic reaction from the toxoid. Government investigators of the National Institute of Health have recently reported on the results obtained in a comparison of the use of these two products. In a group of 475 children given the toxoid, ninety-five per cent were protected and in the majority of cases, this protection had developed within a month after the last injection and there were no reactions

to the treatment, since all children who indicated by the preliminary skin test that they might give a reaction to the toxoid were given toxin-antitoxin instead. Toxin-antitoxin was administered to 355 children and the Schick test showed that sixty-four per cent had developed their immunity at the end of three to six months.

The use of toxin-antitoxin is a well-established procedure which has demonstrated its value in the prevention of diphtheria and the toxoid gives promise of even better results. They merit universal use and babies should receive this diphtheria insurance when they are six months old.—R. L. L.



SANITARY SAMBO SAYS:

Just because there hasn't been any diphtheria in your town for a long time is no reason why you shouldn't protect those kiddies with Toxin-Antitoxin or Toxoid. It wasn't rainin' when Old Father Noah built the Ark either.

Immunization against diphtheria is a simple procedure which insures the child against contracting the disease. Any doctor of medicine can provide this protection at low cost and it is successful in preventing the disease. The child loses no time, does not suffer bad after effects and encounters little or no pain.—Cal. Health Bulletin.

"Toxin-Antitoxin prevents diphtheria. It is simple; it is safe; it is sure."—*Cincinnati's Health.*

DIPHTHERIA, AS IT WAS AND IS

A letter from Dr. Albert Vander Veer, dean of the medical profession in Albany, to the editor of the weekly bulletin of the Albany Bureau of Health, gives a vivid picture of the helplessness of the physician when diphtheria entered a home during the days before anti-toxin was discovered.

"In 1858 and 1859 there appeared in Albany an epidemic which was finally given the name of diphtheria. It presented a very serious mortality among children—as high as 60 per cent. * * * This epidemic attracted much attention and outside of the state was known as "the Albany sore throat." I present these views from personal observation and can call to mind how during that terrible period a physician dreaded to be called upon to make a visit, and find that one of a family of three, four or five children had diphtheria, knowing that the others would soon become infected. A mortality of two or three from a family of five or six was not unusual. Many papers were written on the subject and the records of this epidemic may be examined in the annals of the State Medical Society of that date."

"And now after years of investigation and study of the disease, a toxin-antitoxin has been found that can successfully combat it. There should be no hesitancy on the part of a parent to give his child the protection that this toxin-antitoxin affords. * * * It can be given with the most comforting reassurance to those responsible for the child and with no discomfort to the little one. It is really difficult for the medical profession to realize that any child should be neglected because of a fear of this treatment on the part of parents, yet recent statistics show that there is still a widespread lack of proper understanding on the part of the layman."

Parents who, with unreasoning fear, refuse to have their children protected against this dread disease should read Dr. Vander Veer's letter and ponder.—New York Health News.

Sickness is a biological calamity. Its presence deprives the organism of its rightful place in the scheme of things. Therefore its incidence has always been regarded with that disfavor which is heaped upon an enemy. The history of human achievement contains no page more fascinating and compelling than that on which is recorded the replacement of the doctrine of indwelling of devils and witchcraft with today's biochemical unbalanced of body cells. Whether the invader be an evil spirit or a host of bacteria it was and is an enemy.—D. D. Monroe, M. D.

SIXTH ANNUAL MEETING OF THE MISSOURI WATER AND SEWERAGE CONFERENCE

The Sixth Annual Missouri Water and Sewerage Conference will convene at Columbia, Missouri, October 23, 24 and 25, 1930. This will mark the sixth year of the existence of the conference, and the past activities may be viewed with pride by its members. From a small meeting in 1925 at Kirksville, called by the State Board of Health, at which 26 waterworks men were in attendance, the organization has grown to a membership of 100, and last year at the annual meeting in Chillicothe there were 85 in attendance. This substantial growth indicates the increased interest and influence which the conference found itself able to provide to the benefit of the profession and the cities it serves. The conference has been an important factor in awakening the superintendent and city officials to a realization of the importance of properly operated water and sewage treatment plants.

The proceedings of each meeting have been bound and issued to all members and other interested parties. Last year sufficient advertising was solicited among the materials men to print the proceedings for the first time. This resulted in a much more satisfactory record of the meeting for reference, and it is hoped that future proceedings may be printed.

The program and plans for the Sixth Annual Conference are well matured and gives promise of the most effective meeting to date. The Engineering School of the University of Missouri has generously offered its cooperation in making the meeting a success, and the faculty will provide some excellent papers on technical subjects of interest and value. Mr. John R. Baylis, in charge of the experimental water purification station at Chicago, and an outstanding authority on water purification, has accepted our invitation to deliver two papers on water purification.

The program will contain papers by other authorities on many difficult problems encountered in water purification and sewage treatment. No one interested in these problems can afford to miss the meeting at Columbia this year. You are cordially invited.

MISSOURI WATER AND SEWERAGE CONFERENCE SECTION NOTES

Cameron is completing improvements to the water purification plant including a new mixing chamber and another rapid sand filter.

Warrenton has completed a new deep well water supply and is no longer using the springs and purification plant.

The City of Richland voted a bond issue September 2nd for $50,000 to construct a complete municipal water system.

The City of Lamar voted a bond issue of $20,000 to construct radical improvements to the water purification plant.

Plans have been approved for extension to the sewer system at Vandalia.

SAFE MILK

TYPHOID CARRIERS



The Standard Milk Ordinance recommended by the State Board of Health requires that every person connected with a dairy or milk plant shall pass a medical examination made by the health officer. A part of this examination is a test to determine whether or not the person being examined is a carrier of typhoid fever. From two to four persons in each one hundred that have typhoid and recover carry the germs long after recovery, sometimes for the rest of their lives. These people are called "typhoid carriers," and should they be employed on dairies they may possibly contaminate the milk with typhoid germs.

A typhoid case of this kind occurred in a central Missouri city in April, 1929. Ten cases of typhoid were suddenly found on the milk route of one dairy. Upon investigation it was found that this milk came from four dairy farms, including the farm of the distributor. On one of the farms a typhoid carrier was found. If this person had been examined before going to work in the dairy, ten people would have been saved the suffering and expense of typhoid fever. Fortunately, no one of the ten cases in this outbreak died.

Is your milk supply protected against the typhoid carrier? Does your city have the Standard Milk Ordinance? Ask the local health officer.—F. M. S.

EPIGRAMS

James Stewart, M. D., State Health Commissioner.

"Keep children in school and diseases out."

" 'Safety First' in the conservation of health is just as important as 'Safety First' in the prevention of accidents."

"Health and Politics are like gasoline and whiskey—they don't mix."

"Health is something we all need, most of us have, which cannot be bought."

RURAL SCHOOL SANITATION AND THE SCHOOL TEACHER

There has been a large and commendable increase this year in the interest of rural school teachers and county school superintendents in rural school sanitation, particularly with regard to water supplies. We hope that this interest will continue and become more general in the future. However, it is important that those interested in securing satisfactory school sanitation should understand thoroughly the program of the State Board of Health designed for this purpose. Obviously, with over 8000 rural schools in the state, an extensive and well organized health program must be developed in order to secure permanent and satisfactory results. This necessarily demands placing the responsibility and authority for school sanitation in the hands of a single trained health authority in each community. In developing the program, the following facts have been given due consideration:

1. Schools must receive regular periodic sanitary inspections.

2. This must be done by a **trained sanitarian.**

3. At least one individual in each county should be responsible for school sanitation.

4. The inspection must include all phases of rural school sanitation.

5. The defects must be reported to the school directors, with recommendations for necessary changes; in other words, adequate follow-up work.

6. In order to measure the progress and effectiveness of the work, some method must be devised for rating rural school sanitation conditions.

The State Board of Health program requires by regulation that each county health officer or deputy state health commissioner make a sanitary inspection of the schools under his jurisdiction each year. In addition to the county health officers having a knowledge of sanitation, they are yearly receiving instructions and advice in this field, particularly as it pertains to school sanitation, from representatives of this department. In this manner a well trained personnel is being developed to carry out the regular program.

The satisfactory sanitation of rural schools must consider many phases and not a single item, such as the water supply. Privies, cleanliness, ventilation, etc., may be equally or more important. The analysis of a school water supply may mean nothing; the supply must be inspected as to construction and proper protection from contamination by surface or shallow subsurface water. The sanitary survey is as important as the laboratory analysis, and, in fact, no analysis should be made until the supply is properly constructed. This again emphasizes the need of a trained person to make the inspection, and one familiar with the State Board of Health regulations. These regulations outline in detail the minimum requirements for satisfactory school sanitation and should be supplied to all school directors.

The mere inspection and discovery of sanitary defects is of no value unless the work is followed up and the school directors required to make improvements. It may be necessary and desirable for health protection in some cases to order the school closed until improvements are secured. Thus again, one responsible, trained, and official individual must handle the problem of rural school sanitation in each county.

Lastly, a permanent record and method of scoring rural school sanitation is necessary in order to measure improvements and determine comparative results. The State Board of Health program and regulations require that one copy of each school survey be returned to this department. A method has been devised for scoring these data for each county and the state at large.

Therefore, it is apparent that a practical rural school sanitation program in Missouri must revolve around the county health officers, and the efforts of the State Board of Health be centered on improving our program through the effective functioning of the county health officers. Of course, in too many instances the county health officer is not performing his duty because of lack of compensation from the county court. However, such an unfortunate condition in a few instances does not justify abandoning our program and working through other individuals. Many teachers wish to receive water containers

in which to collect samples of school water supplies for analysis because the county health officer does not make school inspections. In the great majority of cases these analysis will be of no value because collected by unskilled persons, and lack other significant sanitary information of value. It is impossible to make a trained sanitarian of every rural school teacher. Therefore, rural school teachers and others interested in rural school sanitation can perform the most valuable service by urging the county court and county health officer to carry out the State Board of Health program.

More work is being done each year in a greater number of counties. Insanitation at rural schools has existed for years; it can not be remedied in a day. Get behind the State Board of Health program as outlined herewith, and make it your business to urge that your county secure school health service from the health officer.

"The family physician must educate his patients and community in preventive medicine and be to some extent a health administrator. His chief role and his chief service will be to keep his patients well. Evidently, such service can be made possible only by maintaining intimate, clinical information, well recorded, regarding every man, woman and child who seeks his service. And every man, woman and child in every community should have his health recorded in the files of his family physician. Too many of our inhabitants worry through life with only fairly good health, and while they accomplish their daily duties, these fairly well persons may never know the exuberance and happiness of perfect health. Hence, one goal of the future practitioner of medicine will be the attainment and maintenance of exuberant health, which is the inherent right of every person. A higher average of overflowing good health means a higher average of happiness, comfort, usefulness and economic value of the individual. The superman will never materialize without superhealth.

"The new era in medicine which physicians of the future must be prepared to enter must also rest on the foundation of a wide and comprehensive plan of personal and public health education."—Wendell C. Phillips, M. D.

The clean city may not be a health resort, but it has a tendency in that direction.—Life.

Gold that buys health can never be ill spent.—Webster.

DENTISTS INTERESTED IN PUBLIC HEALTH

A meeting of the Executive Board of the Missouri State Dental Association was held in Jefferson City on Sunday, August 31, for the purpose of conferring with the State Board of Health concerning the promotion of a dental hygiene program throughout Missouri.

Dr. Irl Brown Krause, Assistant Health Commissioner, outlined the program and plans of the Division of Child Hygiene of the State Board of Health at this meeting. Following the discussion, a resolution was passed advocating that a public health dentist be placed on the staff of the Division of Child Hygiene of the State Board of Health to work with the dentists of the state in promoting dental hygiene.

A committee, consisting of Dr. A. J. Thompson, President of Missouri State Dental Association, Dr. Wiley Brown, President Elect, and Dr. C. W. Digges, Secretary, was appointed to confer with the State Health Department concerning the selection of a dentist for this work.

Dr. Krause was invited to address each of the coming district dental association meetings. The first district meeting was that of the Northwestern Dental Association, which was held at Macon, Sunday, September 7. Dr. Harrington of Milan, President of this district, invited Dr. Krause to address the dentists on the general health program which is being carried out by the State Health Department, and especially that phase of the work which has to do with mouth hygiene and the protection of child health.

Following the meeting, a resolution endorsing the public health program as outlined by Dr. Krause was passed, and the dentists especially urged the employment of a public health dentist as a member of the Child Hygiene staff.

The State Board of Health appreciates the interest which the dentists of the State are taking in public health, and every effort will be made to carry out the recommendations offered at the District Dental Association Presidents.—P. McI.

The correction of physical defects in the child is important because, if it is not accomplished, he will be handicapped in his social and economic relationships during his entire life. Physical defects definitely decrease the child's learning capacity and later on his earning power.

Not the child only but the entire community ultimately will benefit by the correctional program which has been inaugurated by the Department of Health.—Chicago's Health.

MINIMUM STANDARDS OF PRENATAL CARE

THE LEAST A MOTHER SHOULD DO BEFORE HER BABY IS BORN

Prepared by The Children's Bureau, U. S. Department of Labor.

Every expectant mother, for her own sake and for her baby's, should go to a doctor or health center as soon as she thinks she is pregnant, so that she may make sure that she is fitted for the extra strain of pregnancy and labor.

A complete physical examination will show a mother's general health. This should include beside a vaginal examination an examination of the heart, lungs, kidneys, digestive organs, teeth, tonsils, thyroid, blood pressure, weight and measurements of the bony framework. A blood test may also be necessary.

Regular monthly visits to the doctor or health center should be made until the sixth month, then the mother should go at least every two weeks so that the doctor can watch (1) any change in blood pressure; (2) gain in weight; (3) condition of the kidneys (by testing the urine); and (4) the general health.

PERSONAL HYGIENE

Personal hygiene—the care of the body—is most important. A woman should have good habits of eating, sleeping, bathing, and exercising, and of elimination, which means getting rid of the body's waste products.

Food. Three regular meals a day should be eaten. They should be carefully chosen, and should include one quart of milk, a leafy vegetable, a root vegetable such as potato, fresh fruit, cereals and bread, and an egg, meat, or fish. Once a day is often enough to eat meat. After the sixth month, sufficient growth foods—milk, vegetables, and fruits—must be eaten, to cover the demands of the developing baby. Overeating, specially of fuel foods—starch, sugar, or fats is harmful. It is not necessary to "eat for two" of these foods. Not more than one cup of coffee and one cup of tea a day should be taken.

Sleep. "Early to bed" is a good habit. Windows should be open whenever the expectant mother sleeps—during daytime naps as well as at night. Frequent short rests may be necessary to prevent becoming overtired.

Exercise. A woman who does her own housework gets good exercise, but she should also be out of doors for an hour or two each day. Heavy work or heavy lifting should be avoided.

ELIMINATION OF WASTE PRODUCTS

The kidneys, the bowels, the skin, and the lungs get rid of the waste products for both the mother and the rapidly growing baby; therefore special attention should be paid to these organs during pregnancy.

Kidneys. At least 1½ quarts (6 to 8 glasses) of water should be taken daily to flush the kidneys properly. The urine should be examined regularly once a month until the seventh month and weekly thereafter.

Bowels. A daily bowel movement is necessary. Coarse breads, fresh vegetables, and fresh or dried fruits help to prevent constipation.

Skin. A warm soap-and-water bath at least three times a week upon retiring is necessary to keep the skin in good condition.

Lungs. The lungs supply oxygen for the mother and for the baby, too, and they also give off waste, so that plenty of fresh air is absolutely necessary.

Teeth. A mother's general health depends upon good, sound teeth; therefore the teeth need a dentist's examination as early in pregnancy as possible. The teeth should be brushed twice a day, especially at night before going to bed.

There need be no truth in the old saying "for every child a tooth" if the food is right and all necessary dental work is done.

The kind of teeth the baby develops depends upon the mother's health and diet.

Care of Breasts. During the last two or three months of pregnancy the nipples should be washed daily with soap and water.

Weight. The medical attendant will watch gain in weight. A rapid increase is not desirable and must be regulated by proper diet and exercise.

Clothing. All clothing should be loose and hung from the shoulders. Corsets should never be tightly laced. Maternity corsets will be found a support and comfort during the later months of pregnancy. Round garters or bands should not be used. Low-heeled shoes should be worn.

MENTAL HYGIENE

General bodily health is affected by worry and mental strain, and therefore the expectant mother who is building the foundation of her baby's health upon her own should try to be serene, happy, and cheerful. There is no scientific truth in the belief that a mother can "mark" the baby. Excitement and special causes for anxiety are to be avoided because they disturb general health. A prospective mother needs to foster her

strength and energy, not to waste it. She should play as well as work. Above all, for her peace of mind she should obey her doctor's orders and forget what her neighbors tell her.

REMEMBER:

Pregnancy is a natural process. Simple, regular, normal living during this period makes for Good Health in both Mother and Baby.

"Every Child has a Right to be Well Born."

MENTAL HYGIENE

Contributed by Mrs. M. P. Overholser, Chairman Mental Hygiene, Missouri Association of Parents and Teachers

THE EFFECT OF FEELINGS OF INSECURITY*

"What happens to an individual who is being frustrated in his desire to be perfect, or to be recognized by the group—i. e., one who feels personally insecure and feels insecure in the group? There are apparently three major types of reaction to such situations. If the first place the individual may be overwhelmed by these differences, and so overcome by "feelings of inferiority." When that occurs, a withdrawing type of reaction develops. Such individuals cease to be social—if, indeed, they ever were—are no longer particularly interested in competition with the group, lead a very inadequate type of social life, have apparently no self-confidence, and their thoughts are bound up within themselves.

"The second type of reaction that may appear is that which I should regard as the normal and the one through which most people make their adjustments to their own difficulties. It may be expressed somewhat in this way. There is a limitation and the individual says, "Yes, what of it? I have this limitation, but I also have a strength somewhere else." This is the type of natural compensation, where the individual makes up, psychologically, for a weakness with a strength and is not emotionally disturbed.

"The third type of reaction, however, is one in which the individual, facing a limitation, does not submit to it and does not have a natural compensation for it, but instead rebels, is unwilling to accept the limitation, and begins to try to force his way through the situation. The commonest type of reaction of this sort is what might be called the reaction by "extravagant behavior." They exaggerate almost everything they do or say. They are the children who do not accept the ordinary rules of order in the schoolroom or elsewhere. One very excellent descriptive word for their behavior is that they are showoffs."—Dr. Lawson G. Lowrey.



OUT OF BABYHOOD INTO CHILDHOOD

IV. SLEEP AND REST

Prepared by The Children's Bureau, U. S. Department of Labor.

A child needs much more sleep and rest than a grown person. Until he is 6 or 7 he usually needs to sleep at least 12 hours every night, and he should have a nap of an hour or two in the late morning or early afternoon, depending on the family dinner hour. An undernourished child especially requires rest during the day. Let such children have rest periods both in the morning and in the afternoon. Even if the child does not sleep he should undress and lie quietly on his bed during this time.

At night bedtime should come so regularly that the child will expect it and know that there is no use begging to stay up. He should be in bed early, by 6 or 6:30, and he should go to sleep alone without coaxing or rocking or having mother lie down beside him. He should sleep in a bed by himself, with windows open and lights out.

Some children refuse to go to sleep without a nipple to suck, or a special toy or blanket to hug, or mother's hand to hold. A child who has grown to depend on something or someone to help him go to sleep must be taught to overcome this habit. It will be hard to teach him to go to sleep without the aid that he is used to, but the parents must not give in to him. They must make him realize that crying will not get him what he wants, whether nipple, toy, blanket, or mother's hand. Success depends on the parent's firmness, gentleness, and consistency.

To get the most good from sleep a child must be undressed and in his own bed. Sleeping at the motion pictures or in an automobile does not take the place of rest in bed. To deprive a child of sleep is as bad as to deprive him of food. Do not keep him up to amuse visitors or for evening rides or entertainments, for these only excite and fatigue him. Only a serious emergency should be allowed to interfere with the regular bed hour.

Many children are restless or cross and some seem stupid or sick because they are tired. Be sure that you child is not one of these.

Teach Your Child Good Sleep Habits

MILK EATERS RULE

The fact that meat-eating people are the most progressive and dominant nations of the world, and that a small army of meat-eating English soldiers are able to maintain order in a vast country like India, with a population of three hundred million a large share of whom are vegetarians, has often been urged to prove the superiority of a meat diet and as evidence that meat is essential for the production of individual and national vigor.

At first glance, this argument seems to have some force, but it wholly evaporates when subjected to scientific criticism. Dr. McCollum of Johns Hopkins University, gives the subject an entirely new aspect by calling attention to the fact that while it is true that meat is eaten in England, France, Germany and Scandinavian countries, the United States, Australia and New Zealand, to a much greater extent than in most other countries in the world, the people of these countries, the dominant nations, make use of much more milk than meat. For example, in the United States, the amount of meat produced and eaten is one hundred and thirty-eight pounds per capita, whereas the production of milk, all but a small percentage of which is eaten in the form of milk and milk products, is one thousand pounds per capita, or two ounces of meat solids, as compared with eleven ounces of milk solids.

So it appears that the meat-eating nations are in reality milk-eaters, and these ambitious, progressive and pugnacious people owe their vim and vigor, not to meat, but to the bone and sinew-building qualities of milk and its brain and nerve-activating vitamins.—*Good Health.*

MONTHLY PROGRESS REPORT—STANDARD MILK ORDINANCE CITIES

The table below indicates the ratings made by the State Board of Health of Standard Milk Ordinance cities during August, 1930. For the purpose of comparison, the previous milk ratings of the cities are also shown.

City.		Date.	Retail raw milk.	Raw milk to plant.	Pasteurized milk.	Enforcement.
Neosho	Previous rating	5–21–30	76	None sold	None sold	77
	Last rating	8–13–30	74	None sold	None sold	74
Monett	Previous rating	5–22–30	79	None sold	None sold	77
	Last rating	8–15–30	78	None sold	None sold	74
Marshall	Previous rating	10–2–29	37	None sold	None sold	Pre-enforcement.
	Last rating	7–31–30	65	None sold	None sold	51

Marshall recently announced the grading of the dairies supplying the city with milk and cream for the first time. Fourteen dairies, supplying 80% of the milk and cream consumed were given a rating of Grade A. Fred Martin, local dairy inspector, deserves a great deal of the credit for the successful promotion of this program for better and safer milk.

Poplar Bluff promises to be the twenty-seventh Missouri city to pass the Standard Milk Ordinance. On Labor Day, September 1st, the ordinance passed the second reading of the city council with every indication that it would pass the final reading when the council meets again. Poplar Bluff is to be congratulated on this forward step in protecting the health of its citizens. Several other cities have the ordinance under consideration.

OF PUBLIC HEALTH INTEREST

The Division of Public Health Engineering and Sanitation has begun a comprehensive survey of all bottled water supplies in the state. This will include a sanitary survey of the source of water sold in containers, method of handling, method of sterlizing containers, and bacteriological analyses of samples. Considerable additional information is being secured relative to chemical constituents of bottled waters, amount sold and price, where shipped, etc. The survey is being made as a preliminary step to enforcing the State Board of Health regulations governing bottled water supplies quoted herewith.

"Water Sold to the Public for Drinking Purposes in Bottles or Other Containers—(a) Quality—No water shall be sold, offered for sale or rendered available for drinking purposes in bottles or other containers unless such water is of a sanitary quality approved by the State Board of Health.

"(b) Inspection—All plants for the preparation of water for sale in bottles or other containers for drinking purposes and the sources of the water supply shall be inspected as frequently as necessary by a representative of the State Board of Health, and samples of water collected for sanitary analysis at the State Board of Health Laboratories.

"(c) Sterlizing Containers—Bottles or other containers in which water is sold for drinking purposes shall be sterlized before refilling. The method of sterlization shall be approved by the State Board of Health.

"(d) Water Purification — Processes of purification of waters that are to be sold for drinking purposes shall be approved by the State Board of Health before the water can be sold or offered for sale.

"(e) Foreign Companies—Any company, corporation or individual outside of the State of Missouri preparing water for sale within the State of Missouri shall file full information with the State Board of Health at Jefferson City, Missouri, as to the sources of supply, methods of sterlization of bottles, equipment for handling the water and any other information requested by the State Board of Health."

The State Board of Health and the U. S. Public Health Service are jointly cooperating in financing a malaria control demonstration project in Pemiscot County, Missouri. Mr. M. C. Peterson, a recent graduate in public health engineering from Michigan University, will be directly in charge of the work under the supervision of Dr. C. P. Coogle of the U. S. Public Health Service.

Miss Hetty Joach, Cole County Nurse, has every reason to be proud of her Blue Ribbon Baby work. Miss Joach's babies carried off eight cups at the State Fair Contest. Miss Joach writes:

"When I said I hoped my Cole County kiddies would bring home the "bacon" from the State Fair I really didn't plan to get the whole slab. The mothers are delighted—guess grand championship will have to be Cole County's goal for 1931."

One of the fundamental educational laws is that learning comes through actually doing or experiencing and not through hearing about an activity. Miss Virginia Huyett, county health nurse in Carroll County, has the right idea as is shown by the following excerpt from her September report:

"One of the rules of the health game which says "Wash the hands before each meal" was observed at the County Teachers' and Directors' Meeting held August 21 at Peavine School. All of the people present were invited to wash their hands as the children in rural schools are taught to do. Within ten minutes about one hundred and fifty people had clean hands ready for the noon meal. Peavine School has been remodeled to meet the state requirements and was an actual demonstration of what a model rural school should be."

Through a special appropriation made by the International Health Board to Missouri through the U. S. Public Health Service four additional public health nurses have been assigned to the Southeast Missouri counties for a period of four months to work in co-operation with the local health departments. Miss Alice May Vallette has been assigned to Scott County, Miss Clara Standley to New Mardid County, Miss Dorothy Willis to Dunklin County, and Miss Pansy Lee Book has returned to Mississippi County.

Matrimony has again broken into the ranks of the public health nurses. Miss Lorena Hendricks resigned her position as county nurse in Atchison County to be married in August. Miss Olive Whitlock, who completed the nine months public health course at Washington University in June, will take Miss Hendrick's place in Atchison County.

Dr. W. S. Petty, who has been connected with the State Board of Health for the past year, resigned his position September 1, to accept the position as County and City Health Officer in Sioux City, Iowa. The State Board of Health regrets Dr. Petty's leaving, but congratulate him upon his splendid new position.

Daviess County, through the cooperation of the County Court, Red Cross, and County Tuberculosis Association, is financing a three months county public health nursing program. Miss Ethlyn Cockrell, well known itinerant nurse for the American Red Cross, will conduct the work in that county.

An inventory of the year's accomplishments and progress is an important item in any business or professional organization, and Miss Virginia Huyett, Carroll County Public Health Nurse, has prepared a very interesting and significant report of the first year of public health nursing work in Carroll County. This public health nursing program in Carroll County has been supported jointly by the County Court, the State Board of Health and the school districts of the county. Miss Huyett's report shows that she has had excellent cooperation from the medical and dental professions, and that the people of Carroll County recognize the importance of conserving child health.

Miss Pearl McIver, State Supervisor of Public Health Nurses, addressed the State Conference of Indiana Health Officers at Fort Wayne, Indiana, on "The Relation of the Public Health Nurse to County Health Work" on September 22.

The first copy of the Greene County Health Herald has just reached this office, and we want to congratulate the personnel of the Health Department, who are editing this bulletin, and the school children and teachers of the county who contribute the health news which it contains. A mimeographed news bulletin is an excellent medium for an exchange of ideas, and is an important factor in stimulating an interest in the county health program.

The Child Health Conference conducted by the State Board of Health, and held in connection with Northwest State Fair at Bethany, September 2-6, was well attended and unusual interest was shown in the health exhibit and free literature display. The examinations were conducted by Dr. Irl Brown Krause, assisted by Misses McIver, Simon and Daniel, and a total of 181 children were examined. Of this number eight babies met all the Blue Ribbon requirements, and thirty-six children met the Six and Nine Point requirements. Many other children would have met the State health standard had they been immunized, and local physicians have reported a number of applications for vaccination and immunization against diphtheria since the clinic.

Prenatal care is one of the fundamental elements of good obstetrics. While good prenatal care in itself does not insure the welfare of the mother and baby, if followed by good obstetrical care it adds greatly to the prospects of a mother and baby in good condition at the termination of the pregnancy. DeLee states, "There is no field in preventive medicine that offers the prospects of such glittering returns in saving human life and misery." He also says, "The objects of prenatal care are to so conduct the mother and baby through pregnancy that both are healthy and strong at the end, and ready for the ordeal of labor with the assurance of a successful delivery, a living child, and a prompt recovery of the mother."—Lillian R. Smith, M. D.

In certain high schools, English, mathematics and history are prescribed subjects. A certain amount of science is required, but physics or chemistry or both may fulfill the requirement. In other words, the student is compelled to know the story of the cherry tree, how to ascertain the value of x, to avoid giving a plural verb a singular subject and to remember the age eligibility of senators, but whether or not he learns the laws of heredity, the structure and function of his own body and the conditions best suited to his existence are left to the happy choice of adolescent inexperience.—Illinois Health Quarterly.

We travel in the direction in which we are looking and all need a vision of the New Health with its recognition of the individual as a biological unit and not as a body with mind added. We have hearts that are eons older than our heads and the adaptations to life made for untold ages has left us, like the iceberg, nine-tenths under the surface of consciousness.—Alma A. Dobbs.

In the face of ubiquitous talk about the lengthening of the span of life; it is well to remind ourselves that it is the maintenance of health, rather than mere longevity, to which we should aspire. Life itself is worth little when our usefulness has ceased. By making health, rather than sustained existence, our goal we build not only for a longer life, but for a fuller and richer one as well. This is the ultimate ideal of public health.—Matthias Nicoll, M. D.

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COMPARISON OF COMMUNICABLE DISEASES REPORTED DURING THE MONTHS OF AUGUST, 1929 AND 1930

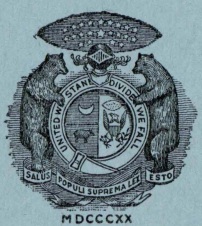
Disease.	1929	1930
Chickenpox	18	25
Diphtheria	68	78
Epidemic Sore Throat	8	12
Influenza	3	6
Leprosy	1	....
Malaria	211	53
Measles	44	66
Meningitis	30	22
Mumps	22	29
Ophthalmia	4	2
Pellagra	1	1
Pneumonia	25	25
Poliomyelitis	5	51
Rabies in Animals	8	5
Scarlet fever	91	78
Smallpox	20	54
Tetanus	7	....
Trachoma	36	43
Tuberculosis	251	217
Typhoid fever	84	148
Whooping cough	304	79
Undulant fever	1	31
Dysentery	1	....
Tularaemia	....	1

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State Health Commissioner

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PERSONNEL OF THE STATE BOARD OF HEALTH OF MISSOURI

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IRL BROWN KRAUSE, M. D., *Assistant Health Commissioner*

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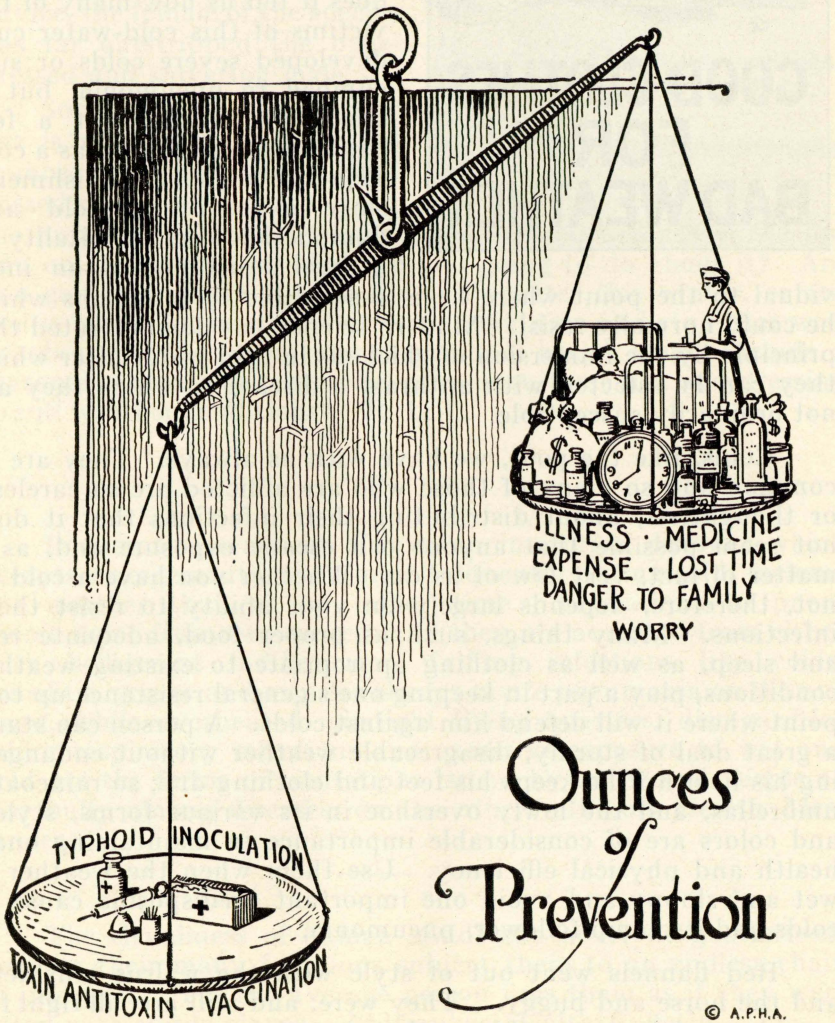
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MISSOURI PUBLIC HEALTH NEWS

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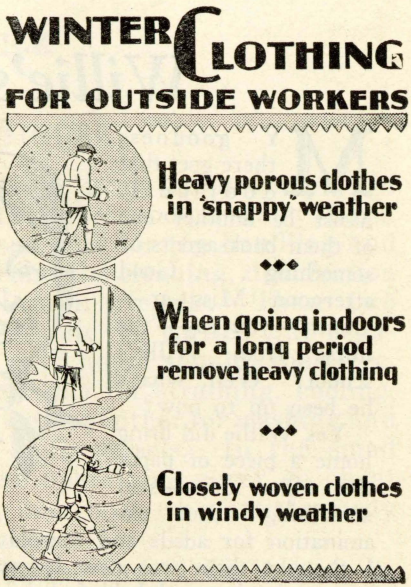
COLD AND DAMP



A good ducking in the cold water of the river was the expedient employed by the good Pilgrim fathers in dealing with those members of the fair sex who talked not wisely, but too well, to the distraction of their lords and masters. History does not record the success of this punishment in curbing the activities of sharp tongues, nor does it tell us how many of the victims of this cold-water cure developed severe colds or succumbed to pneumonia, but it seems likely that not a few passed to their reward as a consequence of such punishment, since exposure to cold and dampness lowers the vitality or general resistance of an individual to the point where he is susceptible to infections which he could normally resist. Modern science has demonstrated this principle by the immersion of chickens in cold water after which they can be infected with anthrax, a disease to which they are not ordinarily susceptible.

Colds, like the poor, we have with us always. They are so common and so many of those who are afflicted are so careless, or thoughtless, about distributing their infections that it does not seem possible that anyone can escape exposure and, as a matter of fact, very few of us do. Whether you have a cold or not, therefore, depends largely on your ability to resist these infections. Many things, such as proper food, adequate rest and sleep, as well as clothing appropriate to existing weather conditions, play a part in keeping one's general resistance up to a point where it will defend him against colds. A person can stand a great deal of stormy, disagreeable weather without endangering his health if he keeps his feet and clothing dry; so raincoats, umbrellas, and the lowly overshoe in its various forms, styles, and colors are of considerable importance in maintaining one's health and physical efficiency. Use them when the weather is wet and sloppy and avoid one important predisposing cause of colds and its camp follower, pneumonia.

Red flannels went out of style with the walrus mustache and the horse and buggy. They were, and still are, all right for outside work in very cold weather, but they are very much out



of place in the house for even a short time, since the wearer invariably becomes overheated and is then easily chilled when he goes out into the cold again. Those who spend most of their time indoors should wear light clothing and then put on more clothing when they go outside in cold weather. The recommendations for avoiding colds also include training the body to withstand sudden changes in temperature. In heeding this advice, the female of the species has far outstripped the overdressed and shivering male.

Someone has said that your age is not determined by the number of winters that have passed over your head, but by the number of colds that have passed through it. How old are you on this basis and what are you going to do about it? Are you going to continue to sniffle and sputter this winter, or are you going to get into good physical condition and stay that way by observing the basic rules of personal health which include a reasonable diet, work, exercise, play, rest, fresh air, and dressing to suit weather conditions?—R. L. L.

Pneumonia is almost always an invitation disorder which accepts engagements much more frequently during cold, inclement weather than at any other time. Invitations to pneumonia come from two sources and they are accepted from either with belligerent indifference: Trifling infections like colds, tonsilitis, grippe and measles always invite pneumonia on the one hand, while overheated, air-tight living quarters, disregard for minor respiratory infections and excessive exposure to wet and cold are the forms of invitations issued by individual people to this bully among diseases, on the other.—Illinois Health Messenger.

The cleanliness of human hands can never be guaranteed, because their many functions subject them to an endless chain of infection. Yet the average person uses them as if they were fitted with sterile gloves.—Milwaukee Health Bulletin.

Willie's Tonsils



MY goodness there goes that door bell. Must be another one of them book-agents or something . . . Good afternoon Miss - er — 'Smith'—you say—'the nurse from Willie's school?' Well, what's he been up to now?

Yes, Willie did bring home a piece of paper the other day — said something about examination for adsils and tonsoids. I thought them was new lessons he was having and he'd failed in 'em as usual. Really, Willie does seem to be awful dumb. He must get it from his father.

Oh, his tonsils and adenoids in his throat—no I didn't read the paper very careful; the baby got hold of it somehow and had it all chewed up before I knew it. Yes—I have noticed he kept his mouth open a lot—and when he sleeps he snores something awful—gets that from his father too. 'Sore throats' —you can't tell me nothin' about them. Don't Willie have 'em about once a month all winter? 'Quincy,' the doctor said. Makes him awful sick. No wonder! His teacher told him to sleep with his window open and who wouldn't get sore throat or something, breathing that night air—cold weather too. Yes sometimes he has earaches, but they're only natural —all children have 'em.

Well, I'll talk it over with the old man. I'm not much for this operation business. I had one myself a long time ago and I ain't been the same since. Good bye.

* * *

Come right in Miss Smith. I'm so glad to see you. It's several months since you was here. I want to tell you all about Willie. You see him in school? Well, ain't he doin' fine? You know we took him down to the hospital and had his tonsils out like you told us. They gave him gas or something and it never hurt a bit. Yes, his throat was sore for a day or two but it didn't bother him much. And he's been so well since. No colds nor earaches neither. He eats so much better and acts as though he knew what was going on. He used to be awful dumb, you remember. His reports from school have been so much better and he thinks he's going to be on the first honor roll this month. I never would have expected it of Willie.

Old Doc Whoozis told us once Willie had a rumble, or something, in his heart that made him get tired easy, but I never believed it. He plays as good as any of the kids now though.

I certainly thank you Miss Smith for telling me about those tonsils and I'm going to take the baby to the doctor as soon as she gets over this cold, and see if hers want to come out too. She breathes through her mouth like Willie used to and can't seem to hear very well either. Times have certainly changed—nobody was interested in me when I was a little thing—if they had of been I'd be a lot better off than I am now, I know. Good bye, come again.

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SAFE MILK

THE MILK HOUSE



The milk house is an important part of the equipment of the modern dairy farm. It should be used only for the handling and storage of milk and the cleaning, disinfection and storage of milk utensils. These two types of work should be carried out separately and the milk house should, therefore, have two rooms: one for straining, cooling, and storing milk and another for washing and caring for the milk vessels. In the small dairy where two operations never go on at the same time, one room may satisfactorily serve both purposes.

The milk house should be located on well-drained ground close to the milking barn so that each pail of milk may be carried to the milk house at once for straining and cooling. It should also be located close to the well, or if this is impracticable, water should be piped to the milk house. It is also important that it should not open directly into the milking barn, stable or any room used for domestic or sleeping purposes.

The floor of the milk house should be of concrete and must contain a floor drain. The walls should be smooth and well painted and they should also be of concrete for twelve inches or more above the floor. The joint between the walls and floor should be tight and rounded for easy cleaning. The milk house should also be properly screened against flies and should be well-ventilated and lighted. The window space should equal ten or twelve per cent of the floor space and if the milk house is used after dark or before daylight, as is often necessary, it should be equipped with artificial light. These specifications will provide a milk house which can be kept clean and free from odors and flies at all times.

Does the dairyman who produces milk for you have this kind of a milk house? The Standard Milk Ordinance of the Missouri State Board of Health requires this kind of a milk house for grades A, B, and C milk. Ask your health officer if your city has the Standard Milk Ordinance.—F. M. S.

THE PLEA OF THE MILK BOTTLE

When he leaves me on your doorstep
Then the milk man's work is done,
But, my friends, I wish to tell you
That your business has begun.

First—don't leave me out unnoticed
If you'd have me sweet and nice,
Take me in at once and put me
Very quickly on the ice.

And if you wish my service
To be altogether right,
I beg you keep me covered
Through the day and through the night.

For those bandits called "bacteria,"
Are a most mischievous mob,
And to rout them, a milk bottle
Must be always on the job.

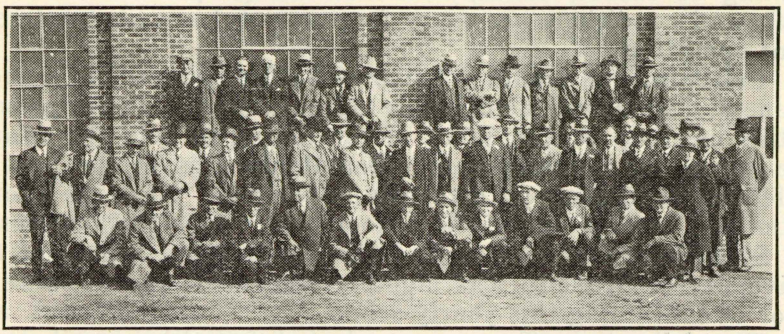
When my work for you is over,
Pray don't turn me out to roam,
But be good enough to wash me
And then kindly send me "home."

—*Milk.*

Septic sore throat and scarlet fever are of special interest in milk control work because they present two possibilities in relation to milk infection: the infection may be direct as from a milker or other dairy employee, or it may be indirect as through the infection of a cow's udder by a human carrier. In the case of direct infection, it is not reasonable to suppose that any extensive epidemic could occur, inasmuch as it would be difficult for a human carrier to infect milk so grossly that any considerable portion of it would carry infective dosages. This is particularly true of large supplies wherein the ultimate dilution of any given direct contamination might easily make subsequent human infection an extremely remote possibility.—N. Y. Health News.

THE SIXTH ANNUAL MEETING OF THE MISSOURI WATER AND SEWERAGE CONFERENCE

The design and operation of municipal waterworks and sewerage systems were taken up in detail at the Sixth Annual Meeting of the Missouri Water and Sewerage Conference held in Columbia, October 23-24-25, 1930. Many interesting papers were read and discussed during the meeting, which were of value to those present. The registration was larger than ever before, 92 persons having registered before the close of the meeting.



Members of the Missouri Water and Sewerage Conference Who Inspected the Columbia Water and Light Plant

The following speakers from out of the state added to the success of the meeting: J. R. Baylis of Chicago, A. E. Gorman of Newark, N. J., L. H. Enslow of New York, and H. B. Crane of Chicago. The other speakers were Missouri men well known in the waterworks or sewage-treatment field. The conference is particularly indebted to Dean McCaustland of the College of Engineering, University of Missouri, and his faculty who gave valuable assistance on the program.

The conference members were served a luncheon at the Columbia City Water and Light Plant by the city of Columbia, following an inspection of the plant on Thursday, October 23.

The annual banquet was held on the evening of October 24. Dr. James Stewart, State Health Commissioner, was the toastmaster. Doctor Allen, Dean of the Medical School of the University of Missouri, gave a very interesting talk on the evolution of the heart. Other speakers were H. A. Buehler, State Geologist, E. J. McCaustland, Dean of the College of Engineering, University of Missouri, and Hon. W. J. Hetzler, Mayor of Columbia. Music for the dinner was furnished by the School of Fine Arts of the University of Missouri. Following the after-dinner talks, much hilarity was occasioned by J. A. Strang's "Rogues' Gallery."

The papers were grouped under three headings: First, papers of general interest, which included such subjects as pumping machinery, distribution system problems, corrosion of mains, and other matters which did not pertain directly to the operating problems of those present but contained interesting and useful information to men in the waterworks and sewage treatment field. Second, papers on water purification problems, such as preparing water for filtration, filter-plant operation problems, and the importance of the chemical and bacteriological laboratories in water purification. Third, papers on sewage treatment, which had to do with sewage pumping stations, foaming of Imhoff tanks, activated sludge process for small cities, and conditions necessary for successful sewage-treatment plant operation.

Following the reading of papers Saturday morning, a short business session was held before adjournment. Those present at this meeting were in favor of continuing to hold the annual meeting of the conference in different cities as in the past in preference to locating permanently in one city. Also, the annual water and sewage operators' school held under the auspices of the State Board of Health and the Engineering School of the University of Missouri was highly commended and all were in favor of continuing this yearly school.

The following officers were elected for the coming year: Chairman, J. N. Wells, Supt. Joplin Water Works, Joplin; Vice-Chairman, E. E. Wolfe, City Chemist, Hannibal; Secretary-Treasurer, H. D. Peters, Assistant Public Health Engineer, State Board of Health, Jefferson City.

Executive Committee: R. L. Barker, Supt. Water Works, Odessa; O. L. Hebbler, Supt. Water Works, Higginsville; Hugh Brown, Supt. Water Works, Vandalia; Wm. J. Gray, Supt. Springfield City Water Company, Springfield.—W. S.

MISSOURI WATER AND SEWERAGE CONFERENCE NOTES

Plans for a new water plant at Lamar have been received and approved by the State Board of Health. Lamar is served at present by a surface supply which utilizes no treatment processes except chlorination. This unsatisfactory plant will be replaced by a modern filtration plant which will assure the city of an adequate supply of safe drinking water.

The city of Richland has recently submitted plans for a new water system which have been approved by the State Board of Health. The source of supply will be a deep well. Richland is another small city which realizes that a safe municipal supply is just as important in a small community as it is in a large city.

The city of Hermann has completed a new well which will replace the Missouri River as a source of water supply. The filtration plant which was used for the Missouri River water will be kept intact and may be used as a softening plant for the well water at some future date.

An emergency chlorinator was installed at the Hermann water plant by an engineer of the State Board of Health when the city's chlorine machine failed. Due to the prompt action by the city officials and the State Board of Health, no unchlorinated water was pumped into the mains.

SUCH REMARKS ARE ALWAYS IN ORDER

UNIVERSITY OF MISSOURI
COLUMBIA

UNIVERSITY HOSPITALS
Crippled Children's Service September 27, 1930

Dr. James Stewart
State Board of Health
Jefferson City, Missouri

Dear Doctor Stewart:

I want to write you this personal note to tell you how much I appreciate the splendid cooperation that we have had from the State Public Health workers.

We had a most successful Clinic in Springfield through the cooperation and help of Doctor Williams, and more than doubled our last year clinic for crippled children. We also had a very successful clinic with Doctor O'Bannon of New Madrid and Doctor Davis of Kennett. All of these men are doing admirable work as you are undoubtedly aware, but I think a word of appreciation is not apt to be taken amiss.

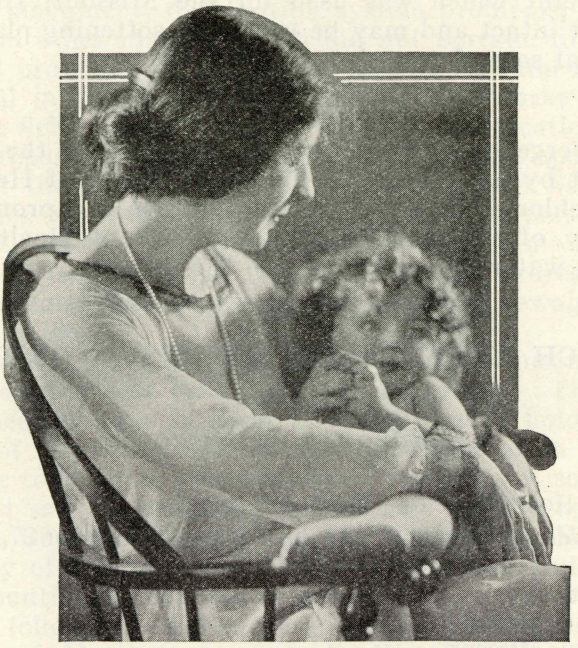
Recently we held another splendid clinic in Memphis through the work of Doctor Platter, but most particularly through the efforts of Miss Simon. She was in Memphis examining school children and contributed largely to the success of the Memphis clinic. Locally we have had excellent cooperation from Doctor Suggett.

In traveling about the State I am certainly impressed with the rapid strides that have been made through the splendid organization and efforts of the State Board of Health. I think very few people realize the good that you are doing in cities and outlying communities. We certainly appreciated your dropping in on us at the Lebanon clinic, and hope that you will do so again whenever opportunity affords. I trust that when you are in Columbia you will look me up.

With very best regards, I remain

Sincerely yours,
(Signed) G. KENNETH COONSE, M. D.
Crippled Children's Service.

GKC:O



OUT OF BABYHOOD INTO CHILDHOOD

V. CLEANLINESS

Prepared by
The Children's Bureau
U. S. Department of Labor

Toilet habits.—Many children can be trained to use the toilet by the end of the first year. If your child has not yet learned this habit, begin to train him. Most children have a bowel movement at the same time every day, such as after breakfast. Always take the child to the toilet about this time. Soon he will learn to have his bowel movement at the toilet. Do not allow the child to play at the toilet. Leave him alone until his bowels move; it may take as long as 7 or 8 minutes. The toilet should have a low seat or a step for the child's feet.

To train a child not to wet his clothes is harder, but you can deal with this problem in the same way. Take him often to the toilet (every half hour, if necessary, for a few days) and praise him for urinating at the right times and for keeping dry at other times. It will be some time before he learns to show

his need, but he should learn this by the time he is 18 months old. If he is to learn the "dry habit" he must not remain wet at any time, day or night; therefore if he wets his clothes change them at once.

Forming the dry habit by day is the first step in preventing bed-wetting. Keep the child from drinking much water or other fluids after 5 p. m. and see that he is not overtired nor excited in the late afternoon. Wake him at 9 or 10 o'clock and take him to the toilet. Be sure he is fully awake before he urinates; otherwise he is forming the very habit of urinating during sleep or half sleep that you are trying to break. Do not leave a child in a wet bed. If a child 3 years old continues to wet the bed, consult the doctor.

Keeping the body clean.—The little child needs a daily bath as much as the baby. Under any circumstances he must have it two or three times a week. The genitals should be kept clean and free from irritation. Hands and face should be washed before meals and at bed-time, and hands washed after using the toilet. A child should learn to brush his teeth night and morning.

Dr. James Stewart,
State Board of Health,
Jefferson City, Missouri.

Dear Dr. Stewart:

The October number of the Public Health News has just reached me and I am so impressed with its value and the good it can do for Missouri, and especially for Missouri women, that I can not resist the impulse to tell you of it.

Very truly yours,
MRS. W. K. J.

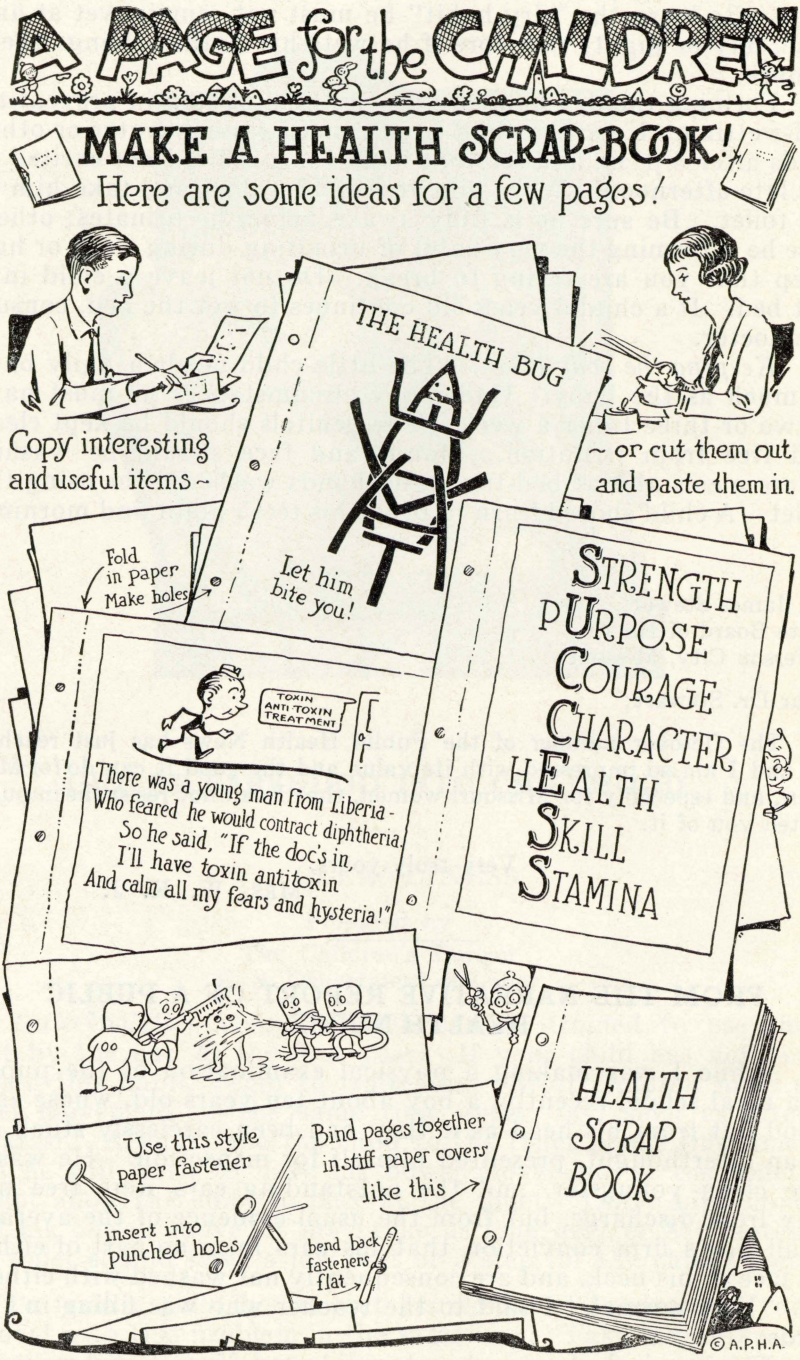
FROM THE NARRATIVE REPORT OF A PUBLIC HEALTH NURSE.

While I was making a physical examination of the pupils in a rural school recently, a boy about ten years old, whose ears stood out from his head as if they had been carelessly stuck on as an afterthought, presented himself for inspection. He was a nice clean youngster, and the outstanding ears were free not only from discharge, but from the usual evidence of the average small boy's firm conviction that his ears form no part of either his face or his neck, and are consequently not washed with either.

"Ears normal," I said to the teacher who was filling in the cards.

The boy jerked around and gazed at me in astonishment.

"Normal?" he repeated taking an offending ear in each hand. "My gosh! You'd better take another look!"


A PAGE for the CHILDREN
MAKE A HEALTH SCRAP-BOOK!
Here are some ideas for a few pages!
Copy interesting and useful items ~
~ or cut them out and paste them in.
THE HEALTH BUG
Let him bite you!
Fold in paper Make holes
TOXIN ANTI TOXIN TREATMENT
or
There was a young man from Liberia -
Who feared he would contract diphtheria
So he said, "If the doc's in,
I'll have toxin antitoxin
And calm all my fears and hysteria!"
STRENGTH
PURPOSE
COURAGE
CHARACTER
HEALTH
SKILL
STAMINA
Use this style paper fastener
insert into punched holes
Bind pages together in stiff paper covers like this
bend back fasteners flat
HEALTH SCRAP BOOK
© A.P.H.A.

BREAST FEEDING

WHY A MOTHER SHOULD NURSE HER BABY

Prepared by
The Children's Bureau
U. S. Department of Labor.

Breast milk is the natural food for the baby. It is easily assimilated, cheap, clean, and convenient. No single factor exercises a more pronounced influence on the development of the baby and on his health during his entire life than nursing at his mother's breast. Breast feeding gives a baby a better chance for life and for steady and normal growth. The death rate of babies not breast-fed is four times as high as the death rate of breast-fed babies.

HOW A MOTHER CAN NURSE HER BABY

The ability of the mother to nurse her baby is largely a matter that lies in her own hands. She must wish so earnestly to nurse her baby that she is willing to seek and follow the advice of her physician covering her plan of life and her mental and physical hygiene, both before and after the baby is born. The following are the essentials to be considered:

THE CARE OF THE MOTHER'S BREASTS

Upon the care given the nipples, in many cases, depends the success of breast feeding. Thousands of infants' lives have been lost through early weaning as a result of flat, inverted, or cracked nipples. These conditions either can be prevented or, if they occur, can be so remedied as to make nursing possible.

Before the baby is born.

During the last two months of pregnancy the nipples should be sponged daily with warm water and mild soap, and the soap carefully rinsed away. After this olive oil or vaseline should be gently rubbed in. If the nipples seem particularly sensitive the attending physician will recommend a lotion to toughen them. If crusts appear on the nipples they must not be picked off, because an infection may result from this. The olive oil or vaseline will soften the crusts, and at bath time they may be removed easily. For heavy breasts a brassiere may be worn that supports from below but does not bind.

If the nipple is inverted it should be drawn out by grasping the area around the nipple with the thumb and forefinger. This part is then pulled forward and held for a few seconds. This should be done three or four times a day.

After the baby is born.

The nipples should be washed with boiled water before and after each nursing. Between nursings they should be covered with clean linen. At the first sign of any irritation a physician should be consulted. Great care must be taken to keep the nipples free from infection. The tiny cracks of a sore nipple may develop into a fissure. The baby's mouth should not come in contact with a sore nipple. Most babies can draw the milk from the breast through a nipple shield. The physician's advice should be asked concerning this. The care of the nipples should be given only with very clean hands.

THE HYGIENE OF THE MOTHER

The efficiency of the mother's nursing power depends upon her physical and mental well-being as well as her determination to nurse her baby. Proper hygiene contributes in largest measure to her health and poise.

Rest is imperative. Eight hours of sleep in a well-ventilated room are essential. An hour's rest should be taken during the day. This may be taken either at one time or in short periods. The best way to be sure of getting regular rest is to lie down during the nursing; neither mother nor child should sleep at this time.

The life of the mother should be so ordered that she is protected as much as possible from stress and strain. An overworked mother cannot be expected to supply breast milk satisfactory in either quality or quantity. Her most important activity is the care of her baby. However, a moderate amount of social diversion favors that contentment of spirit which is one of the essentials in maintaining the supply of breast milk.

The habits of the mother determine the amount and kind of exercise she should take. The busy housewife gets sufficient exercise in her daily activities. She should take some time out of doors, however, *in the sun*, preferably at midday in winter and before 12 and after 3 in hot weather. Many mothers find a walk beneficial. A good rule is to exercise only to the point of a sense of pleasant stimulation.

A DAY'S FOOD PLAN FOR THE NURSING MOTHER

An adequate daily diet must include one quart of milk, a leafy vegetable, a raw fruit—citrous if possible, and an egg.

Breakfast

Fruit: Half grapefruit, whole orange, or banana.
Cereal (well cooked): Oatmeal or farina with whole milk and sugar.
Bread and butter: Two slices of whole-wheat or graham bread with two pats of butter.
Milk: One cup of cocoa made with whole milk.

An egg, or bacon and egg, may be added to this meal. The egg should be boiled, coddled, or poached.

10 A. M. LUNCHEON

Milk: One glass of whole milk with or without raw egg.

DINNER

Meat or fish.
Salad: Lettuce, romaine, endive, cress, raw cabbage, or celery and nut, with mayonnaise dressing.
Vegetables: Two baked potatoes with two pats of butter; tomatoes, carrots, peas, or string beans; properly cooked cabbage, spinach, or other greens, creamed.
Bread and butter: Two slices of whole-wheat or graham bread with one pat of butter.
Dessert: Custard, gelatine, or canned fruit.
Milk: One glass of whole milk.

AFTERNOON LUNCHEON

Milk or fruit: One glass of milk, or fresh fruit.

SUPPER OR LUNCHEON

Soup or other hot dish (made with whole milk): Creamed-pea or tomato soup, or a scalloped vegetable, or macaroni and tomatoes, or rice and cheese.
Bread and butter: Bran or graham muffins or toasted raisin bread, with two pats of butter.
Dessert: Stewed fruit and cake or baked apple with top milk or cream.
Milk: One glass of whole milk.

Every effort should be made to get fresh vegetables, as no other food can adequately replace them in the diet of the nursing mother. If they cannot be had, of the canned vegetables tomatoes and spinach are the most valuable. When fresh fruit is too expensive or out of season, dried or canned fruit may be used. If it is impossible to obtain fresh cow's milk, dry milk should be used.

NURSING HYGIENE

The baby should be put to the breast six hours after birth. Thereafter he should be fed on a regular schedule. During the first two or three days probably little nourishment is received; but the sucking at the breast stimulates the development of the mother's milk supply. Feeding by the clock from the first day of life starts the baby on a proper cycle of habit formation.

A full-time vigorous baby should be nursed either every three hours or every four hours. A good schedule is: 6 a. m., 10 a. m., 2 p. m., 6 p. m., 10 p. m., 2 a. m. For the first three months the feeble baby should nurse every three hours from 6 a. m. to 9 p. m. and at 2 a. m. After the third month the 2 a. m. feeding is dropped for either baby.

The baby should be awakened for his feeding and should not be allowed to go to sleep at the breast. The length of the

nursing period varies with the vigor of the sucking and the freedom of the milk flow. The average baby empties one breast in 10 to 20 minutes and usually need not be given the other. If the supply of milk is scanty both breasts should be given; each breast for 10 minutes or one for 15 minutes and the other for 5. The first breast must be emptied before the second is given. The breasts should always be given alternately.

If the baby is not able to suckle all the milk from a breast it should be emptied by hand, thus:

Scrub the hands and nails with soap and warm water for one ful[1] minute, using a brush. Wash the nipple with fresh cotton and boiled water. Dry the hands on a clean towel. Have a sterilized glass to receive the milk.

Place the balls of the thumb and forefinger on opposide sides of the breast 1½ inches from the nipple. This is usually at the edge of the pigmented area. Press deeply and firmly into the breast until the resistance of the ribs is felt. Then bring the thumb and fingers tightly *together* well behind the base of the nipple. When the finger and thumb are pressed deeply into the breast keep them there and repeat the "together" motion 60 to 100 times per minute. Speed is important and is attained after some practice. The fingers should not slip forward on the breast lest the skin be irritated. It is not necessary to touch the nipple.

The milk expressed should be saved to be fed to the baby from a bottle after the next nursing.

ADDITIONAL FOODS

If the supply of breast milk is persistently inadequate a complementary feeding should be given after each breast feeding. Formulas for simple whole-milk modifications are suggested in the Children's Bureau bulletin, Infant Care. The complementary feeding must not taste sweeter than breast milk, or the baby will prefer it to breast milk. Milk sugar and malt sugar are less sweet than cane sugar.

Even the breast-fed baby must have supplementary foods if he is to attain the best possible development. Fresh cod-liver oil and orange juice are given before the baby is one month old.

Cod-liver oil should be used in its original form with nothing added to it. The taste need not be disguised. At the start ½ teaspoonful should be given twice a day, and by the end of the third month 1½ teaspoonfuls twice a day. Cod-liver oil should be given for two years. On hot days it may be omitted if a sun bath is given.

At first one tablespoonful of orange juice in an equal amount of water should be given daily, and this amount increased rapidly to 2 tablespoonfuls. If oranges cannot be had, strained tomato juice, fresh or canned, may be used. The fruit juice is given half an hour before nursing.

Exposure of the baby's body to direct sunlight and feeding him cod-liver oil and orange juice cause the most complete utilization of the breast milk so that the baby's bones and teeth grow in the best possible way.

Warm boiled water, unsweetened, should be offered the baby after the first day of life, 1 ounce at a time, two or three times daily. Babies differ in their desire for water, after the habit of taking it is acquired. As a rule the breast-fed baby takes less than the bottle-fed. The baby may refuse water entirely with no serious results.

WEANING.

Never wean a young baby without consulting the physician. Weaning during the first few months is a serious matter. If the weaning is to be successful it should be gradual. It should be completed by the ninth or tenth month. If this period falls in the hot weather, nursing may be continued until fall. (Occasionally a baby seems to react unfavorably at the mother's menstrual period. There is a little vomiting or a slight irregularity of the bowels. These are not reasons for weaning; they are transient discomforts and are never severe.)

Beginning at the sixth month a well-cooked cereal is given before one or two breast feedings daily. In a few weeks strained fresh vegetables are included in the menu (carrots or a green leafy vegetable such as spinach). At about the eighth month a daily breast feeding is omitted each week, and modified whole cow's milk and a cereal or a vegetable are substituted. By the tenth month the baby is entirely off the breast and on a mixed cereal-vegetable and modified whole cow's milk diet.

Digestive upsets for the baby and discomfort for the mother may be prevented by this gradual weaning.

BREAST MILK IS BEST FOR BABIES.

The public health nurse is also a most valuable link between the physician and his prenatal cases. She can urge the prospective mother to consult her physician early and regularly and to follow his advice; she can report to the physician any abnormal symptoms, which the mother does not consider of enough importance to report. These suggestions presuppose a complete understanding between the physician and nurse, but granted this, the nurse can be a most valuable aid to the doctor in his supervision of his prenatal patients. More time should be devoted to prospective mothers in our public health nursing activities.—Lillian R. Smith, M. D.

MENTAL HYGIENE

Contributed by Mrs. M. P. Overholser, Chairman Mental Hygiene, Missouri Branch National Congress of Parents and Teachers.

The importance of Mental Hygiene in the thought of the world today has been tremendously emphasized by the fact that in May of this year, 1930, representatives were sent from fifty-four nations to meet in Washington, D. C., for the First International Congress on Mental Hygiene. "The proceedings of the Congress covered all fields of effort for mental health."

This First International Congress on Mental Hygiene did not fail to recognize the influence of parents and teachers in developing and maintaining in the child healthy habits of mind and correct control of the desires and emotions, all of which go to the formation of the best type of character, and to the success, happiness and usefulness of the individual.

Of all the excellent helps made available for parents and teachers to meet their mental hygiene problems, probably the most comprehensive and concise is the course arranged by Dr. George K. Pratt, Chairman of the Committee on Mental Hygiene of the National Congress of Parents and Teachers. The Course is called "Children and Their Parents" and is based on the twelve pamphlets comprising "Parent Teacher Packet No. 30." Dr. Pratt has prepared an outline to be used in the study of the course by small groups and designed to make plain practical application according to individual needs.

A copy of this valuable outline will be sent you free of charge by Mrs. M. P. Overholser, Harrisonville, Mo.

Let us remember that mental health must go with physical health if we are to adjust ourselves to society and to the duties of life agreeably and successfully.

OF PUBLIC HEALTH INTEREST

The annual meeting of the American Public Health Association which was held in Fort Worth, Texas, October 27-31, was well attended by Missouri Public Health Workers. A Missouri breakfast was held and thirty-seven representatives gathered around the table to compare notes and renew acquaintances. Dr. James Stewart presided at the breakfast, and short addresses were made by Dr. Max Starkloff, Health Commissioner of St. Louis, and Dr. M. P. Ravenel, Professor of Preventive Medicine, University of Missouri. The group voted to make the Missouri breakfast an annual event of the American Public Health Association meeting.

Miss Lillian Hudson, Professor of Public Health Nursing, Columbia University, New York, spent a day visiting the Rural Public Health Nursing Teaching Center at Flat River, on her return from the American Public Health Association meeting in Fort Worth. Miss Hudson was accompanied to St. Francois County by Miss Anna Heisler, Professor of Public Health Nursing, Washington University, and Miss Pearl McIver of the State Health Department. Miss Hudson was very much pleased with the development of St. Francois County and offered many helpful suggestions.

Dr. C. S. Glover, County Health Officer of Cole County, has conducted an active sanitary campaign among the rural schools this fall and has met with unusual success. Miss Hetty Joach, the County Nurse, made the following comment in her October report.

"Sanitary improvements of the schools seems to be the main interest and topic of conversation in my visits to the schools. The teachers and pupils are all delighted over the changes made. One teacher of a parochial school which Dr. Glover feels does not come under his jurisdiction said she was anxiously waiting for him to come, as she had a number of grievances all ready for him.

"During the past month eleven toilets have been built which are a credit to any 'Specialist.' One of them is a very crude structure but has all the required characteristics and when you know it has replaced the 'open spaces' I believe it is a very big improvement. As yet there are no 'crescents' or 'hearts' but glass door knobs, private partitions, and even the proper replacement for the Montgomery Ward catalogue are evident."

Dr. Irl Brown Kruse and Mr. R. L. Laybourn, represented the State Health Department at the meeting of the Southern Medical Association which was held in Louisville, Kentucky, November 11-14, 1930. Mr. Laybourn presented a paper on "Epidemic Meningitis in Missouri," and Dr. Kruse discussed a paper on "A County Health Department Program for Maternal and Child Health."

Dr. A. W. Herington, formerly engaged in dental practice at Milan, Missouri, has been appointed Supervisor of Mouth Hygiene in the Division of Child Hygiene of the State Board of Health. Dr. Herington has been President of his District Dental Association for the past year and his appointment meets with the hearty approval of the State Dental Association. Dr. Herington began his duties on November 1 and will carry on an educational program through the local dental societies and health departments of the state.

The City Council of Poplar Bluff has rejected the Standard Milk Ordinance. Last month it was announced that this city would probably adopt the ordinance and we are sorry to have to make this announcement by way of correction. Poplar Bluff has a very high typhoid death rate and a high infant death rate. Recently a typhoid epidemic was traced to a dairy supplying milk to that city. A complete survey of the milk supply showed need for radical improvement in sanitation. No inspection work had been done in Poplar Bluff and the State Board of Health was very anxious to have this city join the progressive group of cities that have accepted the program recommended by the State Board of Health for co-operative sanitary control of city milk supplies.

A county health officer who has been active in securing improvement in the sanitation of the rural schools of his county follows his own advice. A representative of the State Board of Health recently located this physician's home without making inquiry by calling at the home which had an approved pit privy in the back yard. The plans and specifications for this type of privy were published in this bulletin a few months ago.

The necessity for directing efforts toward the prevention of mental disorders, towards the conservation of mental health, and toward the amelioration of adverse mental states is apparent by the ever-increasing number of persons with mental disorders seeking aid in public institutions.—California Weekly Bulletin.

Protection against the disease (Infantile Paralysis) includes separation of the sick from the well, rigid quarantine of patients and the adoption by the well of the well known sanitary and hygienic habits such as good ventilation, plenty of sleep, exercise in the open, a well balanced diet, personal cleanliness, protection from coughs and sneezes, avoidance of common drinking cups and other utensils, use of pasteurized milk, etc.—Illinois Health Messenger.

An ancient adage declares that the fellow who looks for trouble is certain to find it. Unfortunately this proverb holds good when the trouble seeker is a physician and his field of search is the average child whose parents calculate on Nature taking care of little health difficulties.—Illinois Health Messenger.

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COMPARISON OF COMMUNICABLE DISEASES REPORTED FOR THE MONTHS OF SEPTEMBER, 1929 AND 1930.

Disease.	1929	1930
Chickenpox	38	26
Diphtheria	97	105
Epidemic Sore Throat	5	12
Influenza	20	5
Malaria	71	31
Measles	43	40
Meningitis	17	15
Mumps	17	27
Ophthalmia	0	3
Pneumonia	19	15
Poliomyelitis	3	68
Rabies	9	7
Scarlet fever	134	107
Smallpox	48	19
Tetanus	1	3
Trachoma	2	152
Tuberculosis	184	219
Typhoid fever	66	132
Whooping cough	162	74
Undulant fever	26	10
Tularaemia	0	2

MISSOURI PUBLIC HEALTH NEWS

"The Welfare of the People is the Supreme Law"

VOL. III DECEMBER, 1930 NO. 4



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JAMES STEWART, M. D.
State Health Commissioner

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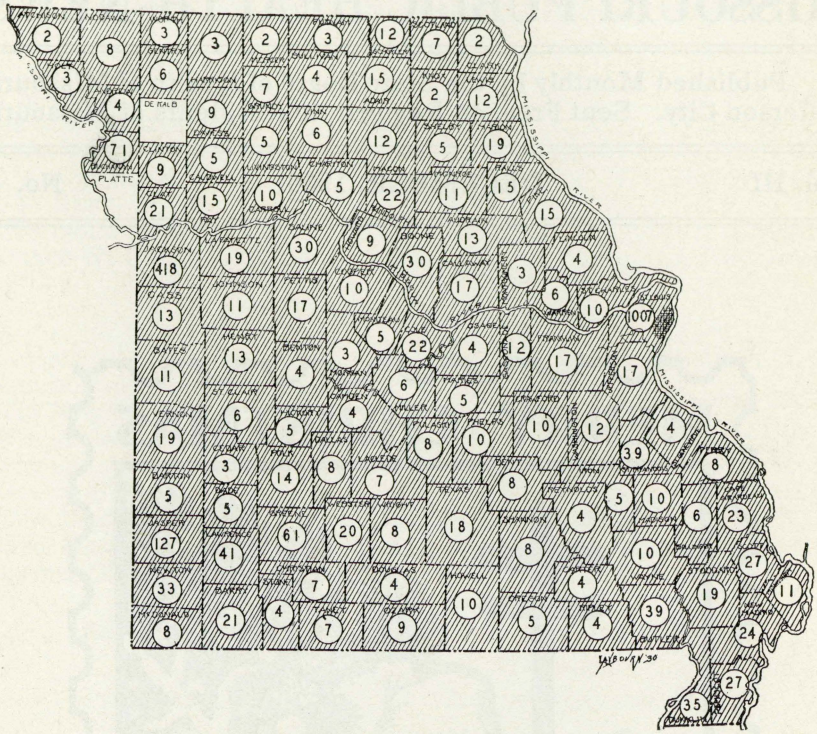
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MISSOURI PUBLIC HEALTH NEWS

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Vol. III DECEMBER, 1930 No. 4





Deaths from Tuberculosis in 1929.

THE DOUBLE-BARRED CROSS VERSUS THE GOLD STAR

"War is Hell," but how about tuberculosis? The Great White Plague killed 2,702 Missourians in 1929, while 4,550 citizens of the state lost their lives in the military forces of the United States during the entire period of the World War, so there really isn't much choice between the two as a menace to humanity except that wars only last a few years, while tuberculosis goes on snuffing out lives year after year.

Tuberculosis stood fourth on the list of causes of death last year and claimed lives in all but two of the 114 counties of the state. Two of the other causes of death which claimed more lives than tuberculosis are conditions which are usually associated with old age. Tuberculosis takes its greatest toll among people between the age of fifteen and forty years—the period of their

greatest value to themselves, their families, the state and nation. The prevention of a case or the arresting of a case in an early stage of the disease, therefore, promises a greater return to humanity on the time and money invested than would be realized on a similar effort spent in preventing deaths caused by most of the other great killing maladies which claim their victims in old age.

There is less tuberculosis in the state now than there used to be—thanks to the activities of official and non-official agencies, better living conditions, and a more intelligent understanding of the subject by the general public. Ten years ago, ninety-two out of every one hundred thousand Missourians died of tuberculosis and last year, seventy-five out of every one hundred thousand succumbed to this disease. This is not enough of a reduction to justify any great degree of satisfaction or a let-up in the fight to eradicate tuberculosis and as a matter of fact, the nature of the disease suggests that it will probably require more money and effort in the future than it did in the past to make an equal advance in the control of this killer of bread winners and mothers and crippler of children.

It is estimated that there are ten active cases of tuberculosis for each annual death and so it seems probable that there are now at least 27,020 in the state who are suffering from this disease—the population of a good-sized town—and these people are distributing their infection to others. The germs which they distribute may lie dormant in the unsuspecting victims for a number of years before they cause active cases of tuberculosis. Those who now have the disease must be taught how to protect others and when living conditions are such that the rest of the family cannot be protected from infection, the case of tuberculosis should be provided with special living quarters or be moved to a sanatorium. Such preventive measures call for the services of specially trained people and a considerable outlay of money. The fight against tuberculosis, therefore, calls for the moral and financial support of every citizen of the state.

This issue of Missouri Public Health News is devoted entirely to the subject of tuberculosis and is intended to give a general idea of the menace of the disease, the methods used in combating it, the facilities now available for the fight and the things that are necessary in order to wage a successful battle against tuberculosis in Missouri.—R. L. L.

While much has been accomplished through publicity, education, and modern methods of treatment, it must be borne in mind that tuberculosis still draws an annual toll of lives, barring pneumonia, over three times the total of all other infectious diseases, including smallpox, diphtheria, scarlet fever, measles, whooping cough, etc.—St. Louis Health Department.

A SHORT CATECHISM ON TUBERCULOSIS.

Tuberculosis is Classified as an Infectious, Communicable Disease—All Known Cases Must be Reported.

Q. What is tuberculosis, or "consumption?"

A. Tuberculosis is a communicable, or "catching" disease, affecting most commonly the lungs. It is caused by a germ too small to see with the naked eye.

Q. Is tuberculosis inherited by babies from their mothers?

A. No. If the mother has tuberculosis, the baby may become infected from the mother's milk, or by being in contact with the mother.

Q. Can a person be infected with the germ and not have the disease, tuberculosis?

A. Yes. Many persons have the germs imbedded in the lungs, but never have the disease. Just as a grain of wheat may lie in the ground and not grow until heat and moisture reach it, so a tuberculosis germ may not become active unless body resistance becomes weakened.

Q. How may the body become weakened?

A. Through bad housing, irregular living habits, loss of sleep, fatigue, undernourishing, dissipation, etc.

Q. Are there drug medicines that will cure tuberculosis?

A. No.

Q. Where is a good place to get well?

A. In a sanatorium or in the home. Not necessary to go to another climate. Follow the advice of the physician as to rest, food, air, sunshine, sleep, etc.

Q. What is the name of the tuberculosis germ? How many kinds are there?

A. Tubercle bacillus is the name. There are two kinds, the human and the bovine.

Q. How do the germs spread and infect the children?

A. The bovine (cow) kind is spread by the milk from cows that have tuberculosis.

Q. How can this be avoided?

A. By using only pasteurized milk. Cows that have tuberculosis should be killed. Without scientific testing it is difficult to know what cows have tuberculosis.

The human type is spread by persons who have tuberculosis. This by coughing, spitting, sneezing and touching things.

Q. Are infants and children in danger of infection?

A. Yes. Not only of simple infection, but of massive infection. The simple infection may not cause the disease, but

massive infection is almost sure to do so. Massive infection occurs through repeated contact with open cases of tuberculosis. The heavy dosing of germs frequently results in active cases among children.

Q. What precautions should be taken to protect children in homes where there is a case of tuberculosis?

A. Children should have no contact with the patient whatever. The sputum should be burned; bedding, clothes, towels, napkins, dishes, etc., should be kept separate. There should be no kissing or handling of infants or children by a tuberculous person. Attendants should exercise like precautions.

Q. What are contact cases?

A. Any child or grown person in the home of a tuberculous person is a "contact" case. These should be periodically examined by a physician. The use of tuberculin in testing is now quite general among the medical profession.

Q. May childhood infection result in tuberculosis disease in later life?

A. Yes. Dr. Park says: "For years we have realized that if we are well nourished and not overworked and have enough sleep, the majority of us will overcome an infection with tuberculosis. And even in little children we find that the majority of whom have become infected have the disease arrested and don't go on to severe general fatal tuberculosis. It is estimated that about 10 per cent of the babies that become infected do develop fatal tuberculosis, and this occurs most in the first year, next in the second year and least after three or four years. After that age until adult life, very few die from tuberculosis. When we come to young adult life, with all the strain that accompanies it, again we develop severe tuberculosis, as in the lungs or some other special part of the body."

Q. Is tuberculosis prevalent among young people of school age?

A. There are many deaths from this disease in the upper grades and high school groups. Though the tuberculosis death rate generally is about the same among male and female, this is not the case in the above school groups. The rate among girls is much higher than among boys. The rate from 10 to 14 years is 170 deaths among girls to 100 among boys; from 15 to 19, there are 190 deaths among girls to 100 among boys; from 20 to 24, the comparison is 145 boys to 100 girls. At the age of 30 years, the rate is again about the same.

Q. How about Missouri?

A. In 1929 tuberculosis deaths among males and females were as follows: Five years and under, males 35, females 28; 6 to 9 years, males 8, females 17; 10 to 14 years, males 12, females 18; 15 to 19 years, males 62, females 111; 20 to 24 years, males 130, females 203; 25 to 29 years, males 141, females 167; 30 to 34 years, males 124, females 137.

Q. Give a general statement for prevention.

A. In a bulletin the National Tuberculosis Association states: "Those who have tuberculosis should learn how to protect all with whom they come in contact. But there are many persons who have the disease and do not know it, while others are not as careful or conscientious as they should be. Therefore, everyone should develop habits which will tend to prevent contact with the sputum or secretions of others. For example, fingers should be kept out of the mouth, hands should be washed before meals, eating and drinking utensils used by others should be avoided unless they have been thoroughly cleaned, etc.

Equally important is it to keep fit. General good health strengthens resistance against the development of tuberculosis germs in the body. We should strive constantly to keep fit, and if this seems difficult a physician should be consulted at once. Early discovery of tuberculosis not only makes recovery more certain, but often saves many months in curing. A stitch in time saves nine."

Q. How should the patient protect others?

A. "The patient must learn fully how to protect others. He must ever bear in mind that, if all the tubercle germs could be corralled and destroyed, the disease would soon vanish from the face of the earth. Each patient owes it to his family, to his friends, to his associates in work and in business, to exercise every care to collect and destroy the germs. The sputum that is coughed up must be collected in special receptacles and destroyed. The best method is to burn the receptacle with the sputum. The fine droplets that are coughed out should be caught in cotton or paper gauze, which must also be burned. Anything that comes in contact with the lips must be thoroughly cleansed. The mustache must be trimmed close, or better, shaved off. Eating utensils, particularly those that come in contact with the lips, such as forks, spoons, cups and glasses, require thorough washing and scalding in very hot water. This will kill all the germs upon them. Since the hands frequently touch the lips, they must be washed carefully and often. Pipes, cigarette holders, pencils and toothpicks used by the patient must not be used by others. Pillows and sheets used by the patient should not be used by anyone else until washed. Kissing is absolutely forbidden and children should not be fondled. The milk should be pasteurized if it does not come from cows known to be free from tuberculosis."

Q. What provision has the State of Missouri made to treat tuberculosis cases?

A. It has built a sanatorium at Mount Vernon, Missouri, for patients in the early stages. It has arranged to use the sanatorium at Webb City, Missouri, for both early and advanced cases. At Mount Vernon, there is a separate building for children, who are also given elementary school instruction.

Q. What does it cost to receive treatment at these sanatoriums?

A. Persons not able to pay the cost of sanatorium treatment, which is expensive because of the time it takes for a cure, will be admitted free. The county and state share the cost. Application should be made to the county court.—Missouri Tuberculosis Association.

THE NEED FOR SANATORIUM BEDS

By W. J. Becker, Secretary, Missouri Tuberculosis Association.

Beds for tuberculosis patients in sanatoria and hospitals are essential to the success of the campaign for the control and prevention of the disease. While it will be impossible to provide beds for all cases, the number available in public and private sanatoria should be ample to make the care and prevention program workable. Many cases do not require treatment in sanatoria. There are probably twenty-five thousand active cases of tuberculosis in Missouri. A large majority of these need sanatorium care.

It so often occurs that home environment is such that the children must be in constant contact with the active cases. Under these conditions, the children are likely to become tuberculous. If the patients could be removed from the home to a sanatorium, the vicious circle could be broken and the children saved from the disease.

The American Sanatorium Association and the National Tuberculosis Association have fixed the minimum sanatorium bed requirement in any state, available to the patients, at one bed for each annual death from tuberculosis. In 1929 there were 2,702 deaths from tuberculosis reported to the State Department of Health. The total number of beds available in public and private sanatoria of the state was 1,545. This shows a shortage of 1,157. In other words Missouri will have to almost double its sanatorium bed capacity to reach the minimum requirement set up as a national standard.

The patient with tuberculosis in the early stage of that disease has a sixfold better chance of recovery under proper treatment than does the patient with an advanced case and a twofold better chance than the patient with a moderately advanced case. This, at least, is the experience of the William H. Maybury Sanatorium at Northville, Michigan, with nearly 3,000 patients.—Illinois Health Messenger.

"PROTECT THEM AGAINST TUBERCULOSIS"

Dr. Geo. H. Hoxie, of Kansas City, in a recent address said that if tuberculosis is to disappear from our society it must be through two factors:

1. The detection and segregation of carriers of tuberculosis.

2. The protection of children from tuberculosis through building up their resistance to all disease and helping them to establish regular health habits.

The first factor is extremely difficult to control because many old people have a chronic or fibroid type of tuberculosis which is seldom fatal but which renders them a menace to other persons. Careful annual health examinations should help in detecting these chronic cases, but even after they are found it is often difficult to convince them that they have tuberculosis and that they must be isolated from children.

The second factor, the protection of children from tuberculosis through building up their general health has a more encouraging outlook. By carefully supervising the health of the children through prenatal life and on through the school days, their resistance may be built up to such a degree that they will be much less susceptible to tuberculosis.



Keep them away from sick people.. Insist on plenty of rest . . Train them in health habits.. Consult the doctor regularly..

The protection of child health is one phase of health work which is being emphasized by every health department in Missouri. The St. Louis County health department heads the list in the number of babies who have met the State Blue Ribbon requirements. Regular clinics, under the direction of Dr. A. C. Hofsommer, are conducted in different sections of the county each week and, as a result, 106 babies have been awarded blue ribbons by the Division of Child Hygiene of the State Board of Health during the past year. This ribbon means that the child's physical development is normal, that there are no remediable physical defects present, that his habits are regular, and that he has been protected against diphtheria and smallpox. There is an annual award and Missouri's slogan is "Every Missouri Baby a Blue Ribbon Baby Every Year."—P. McI.

MILK AND TUBERCULOSIS

Scientists have found that there are several different kinds of tuberculosis germs and that each of these varieties has very decided preferences as to the sort of animal in which it grows. The two kinds which are of most importance to man are those which prefer human beings and cattle. These are called the human and bovine strains and they show a decided preference for the beings after which they are named, but just as one variety of wheat will grow (after a fashion) under the conditions preferred by another variety, bovine tuberculosis will sometimes grow in the body of the human being. The cattle variety of tuberculosis rarely attacks an adult, but it is frequently the cause of tuberculosis in small children, and instead of causing pulmonary or lung tuberculosis, it usually causes tuberculosis of the bones, joints, glands, and intestines.

Bovine tuberculosis germs are frequently present in the milk of cattle which have the disease and children may be infected by drinking such milk. The infection of children with bovine tuberculosis germs may be avoided in two different ways: either by the destruction of any such germs which may be present in the milk, or by obtaining milk from dairy herds which are free from tuberculosis.

The process of heating milk to a temperature somewhat below the boiling point and holding it at this temperature long enough to kill all the dangerous bacteria which it may contain, including the tuberculosis germ, is called pasteurization and such treatment produces a safe milk supply. The temperature and boiling time used in pasteurizing milk are just sufficient to kill any dangerous bacteria which may be present without developing a cooked taste and other undesirable changes in the milk. Unfortunately, the temperature of pasteurization and the length of time for which the milk is heated are not always watched as closely as they should be in some pasteurization plants with the result that the treatment is not always effective. To guard against such mistakes in pasteurization, many physicians who specialize in the care and feeding of children advise mothers to bring the milk to a boil before preparing the baby's feedings. Heating milk in this way destroys vitamins which are important for the baby's growth and health and, to get around this destruction of vitamins, these physicians advise the feeding of orange juice, tomato juice, cod liver oil and similar substances. They maintain that, for all practical purposes, the feeding of these juices gives the baby as many or more vitamins than were destroyed in bringing the milk to the boiling point.

Tuberculin is a concentrated extract of killed tuberculosis germs which is used in detecting tuberculous cattle. When tuberculin is injected into a cow which has tuberculosis, her temperature rises and the injection of this material does not have any effect on a normal cow. Cattle which react to the tuberculin test should be destroyed, since their milk is unsafe for use and they may also infect healthy cattle as well as human beings. Every dairy herd should be tuberculin tested once a year, regardless of whether the milk is pasteurized or not and no unheated or unpasteurized milk should ever be used for drinking purposes unless it comes from a herd which has been regularly tuberculin tested and all reacting animals destroyed. The dairyman who is a good business man has found that the regular tuberculin testing of his herd is a good investment because it weeds out the diseased animals which he may own before they have a chance to infect the rest of his herd and the fact that his herd is tuberculin tested makes good advertising and inspires the confidence of his customers.

The Standard Milk Ordinance recommended by the State Board of Health requires that all dairy herds producing pasteurized or unpasteurized grade "A" and "B" milk shall be tuberculin tested at least once a year. Is the milk supply of your city a safe supply for children to drink?—R. L. L.

Of 1,042 cases of tuberculosis tested for human or bovine (cattle) type of tubercle bacilli (germs), 101 were found to be caused by the bovine type. Nearly all of these were under sixteen years of age, and 50% of them were under five years of age. This emphasizes that bovine tuberculosis is especially dangerous to young children.

Fresh Air is life!

Don't shut it out!

Fresh Air is made in God's own laboratory.

It never requires "treatment" to make it fit for use.

It cannot be improved upon by the best scientist.

Man can live for weeks without food and for days without water—but only a few minutes without Air.

Doctors may not agree on what medicine to give, but they all agree on Fresh Air.

Fresh Air costs nothing.

Nature has wonderfully guarded against a monopoly.

And yet it isn't appreciated.

If people had to buy it at a store or get it through a meter, there wouldn't be enough to go around.—Buffalo Sanitary Bulletin.

THE TUBERCULOSIS HEALTH SEAL

By W. J. Becker, Secretary, Missouri Tuberculosis Association.



The Christmas Seal, now generally known as the Tuberculosis Health Seal, affords a unique method of financing the voluntary campaign for the prevention of tuberculosis, national, state and local. The plan is unique in that it reaches practically all homes in the United States, and is supported by millions of contributors whose small contributions aggregate a considerable sum. The literature and the spirit of the seal sale campaign arouse interest, adding materially to the educational value of the movement.

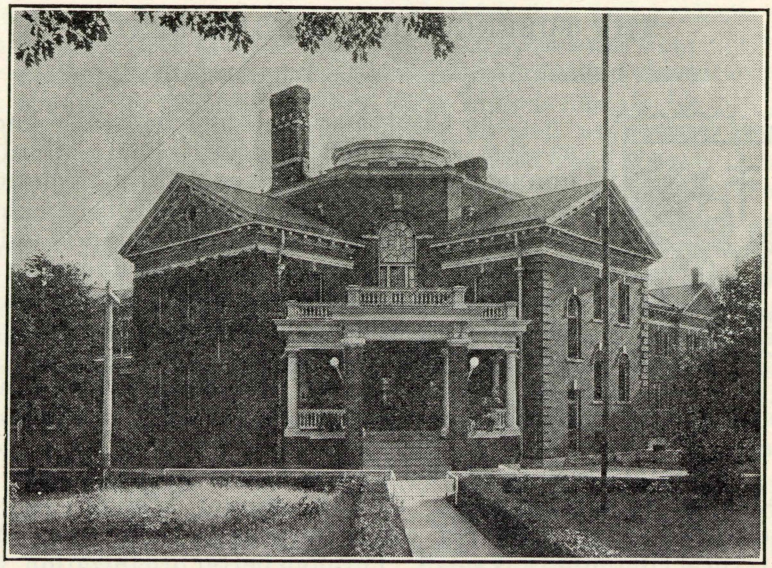
The total receipts in the United States in 1929 were $5,600,000 in round numbers. Of this amount Missouri contributed $144,702.18. The per capita returns in the average Missouri rural community is small. Through better organization, with a definite program objective, the sale could be easily doubled in a very large majority of the counties. It is interesting to note the total sales in the state show an upward trend, as indicated by the following table covering seven years:

1923	$ 84,937.47
1924	92,759.37
1925	116,560.52
1926	123,798.67
1927	140,101.52
1928	132,536.76
1929	144,702.18

The gross receipts are divided among the National, State and Local Associations. The percentage division of the 1929 sale in Missouri was as follows: National Association, 5 per cent; State Association, 14 per cent; average for local associations, 81 per cent.

The need for a large sale is greater in 1930 than ever before, and it is hoped that the total for the State will break all former records.

It is dangerous to live in the same family with an open case of tuberculosis, especially dangerous to children under sixteen years of age, and most dangerous to infants and very young children. No tuberculous mother should ever nurse her infant.—St. Louis Health Bulletin.



Medical or Administrative Building, Missouri State Sanatorium.

THE MISSOURI STATE SANATORIUM

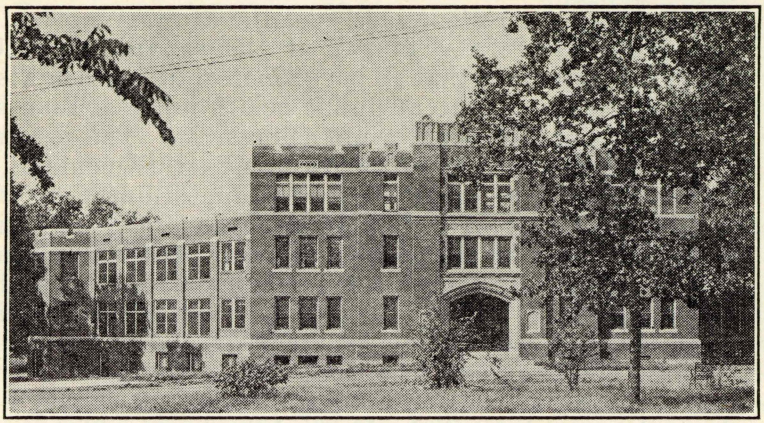
EDITOR'S NOTE: Dr. James Stewart, State Health Commissioner, was a member of the 43rd (1905) General Assembly. He wrote and introduced the bill establishing the Missouri State Sanatorium, in the House of Representatives, at that time. The original bill carried an appropriation of fifty thousand dollars and about six hundred thousand dollars has since been expended on the physical equipment of the institution.

The general objective of the Missouri State Sanatorium is to return as many tuberculous residents of the State to health as possible, and, if their condition cannot be arrested before they leave the Sanatorium, to teach them how to prevent spreading their disease to other members of their family or community. We attempt to admit all patients who have pulmonary tuberculosis that apply, providing the examinations made indicate the patient has a chance to improve with sanatorium treatment.

The institution has 360 beds for patients. The beds are classified as follows: For white women, 164 beds; for white men, 98 beds; for white children, 74 beds; for colored men, 12 beds; and for colored women 12 beds. Colored children cannot be cared for unless they are placed in contact with adult colored men and women, which is not best for the child.

Our most urgent need at the Sanatorium is a Sanatorium type of Hospital Building. A building of this type is needed for

the following reasons: (1) to increase our bed capacity so more patients can be cared for, (2) to give better attention to advanced cases who need Sanatorium care, and cannot be properly cared for in buildings we now have which were constructed for the care of incipient or early cases, and (3) to provide facilities for doing chest surgery which is becoming one of the most important methods in the treatment of pulmonary tuberculosis. This hospital building should have beds for 100 patients, doctors, offices, operating room, treatment rooms, and clinical laboratory. This building is being planned in such a manner that additional wings may be added later.



Children's Building, Missouri State Sanatorium.

Citizens of the State who wish to be admitted to the Sanatorium and have no funds to pay their expenses while here, should apply to the County Court of the County in which they reside for an order for admission to the Sanatorium. A copy of the Court Order is sent to the Sanatorium by the Court, and the other necessary papers for admission are then sent the patient. Pay or private patients are charged $50 per month, payable in advance each month, and apply for admission directly to the Superintendent of the Sanatorium.

Today women are going out into industry and in going into industry they have had to pay the price. They have not as yet become adjusted, so it happens that for the last five or ten years the death rate from tuberculosis among wage-earning women has been increasing. It will no doubt decrease when women become adjusted to their surroundings.—Allen K. Krause, M. D.

AFTER-CARE AND REHABILITATION OF TUBERCULOUS PATIENTS

The Tuberculosis Sanatorium may be considered a school which teaches the patient the essential factors in the treatment of tuberculosis and helps him to establish habits of regular living. When the patient is discharged and returns to his home, it is of utmost importance that he retain those habits learned in the sanatorium. The home conditions should be adjusted to his needs instead of him adapting himself to his environment. The members of the patient's family have not had the same training which he has had and often they are inclined to minimize the importance of regular rest periods, and the sanitary precautions which he was so carefully taught at the sanatorium. It is, therefore, very important that all post-sanatorium cases be visited in their homes by a competent public health nurse as soon after their discharge from the sanatorium as possible. The assistance of the nurse in making the necessary home adjustments and in encouraging the patient to adhere to the sanatorium instructions may be the deciding factor in the complete recovery of the patient.

In several instances the post-sanatorium patient has been an important public health factor in his own home, and even in the community. A little twelve-year-old girl, from a rural home in Boone County was returned to her home in the country where health habits had been seriously neglected in the past. Within two weeks after her return she proudly showed the county nurse that she had persuaded her mother to buy toothbrushes for all of the children in the family, and she had succeeded in getting all of her brothers and sisters "to brush their teeth twice each day, drink three glasses of milk, and sleep with their windows open wide."

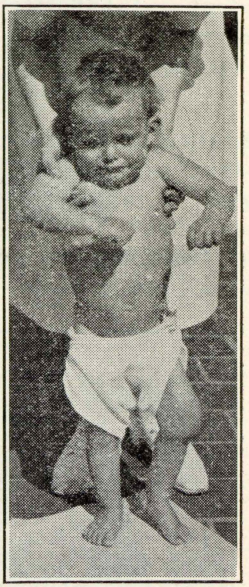
Occupation is equally as important as habits of living in the home for the post-sanatorium case. His old job requires less adjustment than a new one, and should be recommended if it meets the requirements of his condition. However, an occupation which requires heavy lifting, exposure to all kinds of weather or the possibility of excessive fatigue should always be avoided. No occupation should be undertaken without consulting his physician, and the patient should be encouraged to return to his physician at frequent intervals for careful check-ups. A report of the progress of the patient should be sent regularly to the sanatorium.

The hardest lesson for many tuberculosis persons to learn is to be patient and never to tax their strength beyond their endurance. It has been said that man is the only animal that makes himself ridiculous with worry. The tuberculosis patient must learn to live quietly but cheerfully, and realize that "They also serve who only stand and wait."—P. McI.

TUBERCULOSIS CRIPPLES CHILDREN

By G. Kenneth Coonse, M. D., Crippled Children's Service, University of Missouri Hospitals, Columbia.

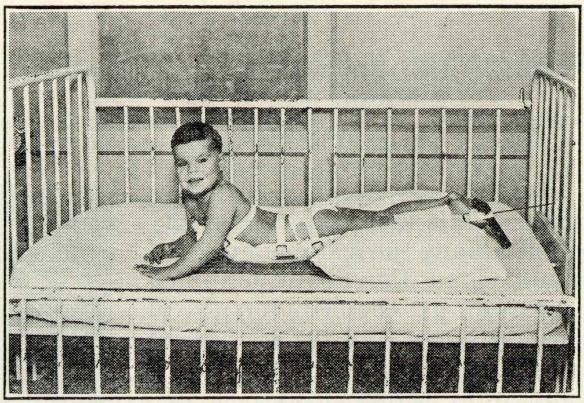
Many cripples owe their deformities to tuberculosis. This fact is not generally appreciated but among the last one hundred children admitted to the State Crippled Children's Service at the University of Missouri Hospitals, ten had tubercular infections of the bones and joints.



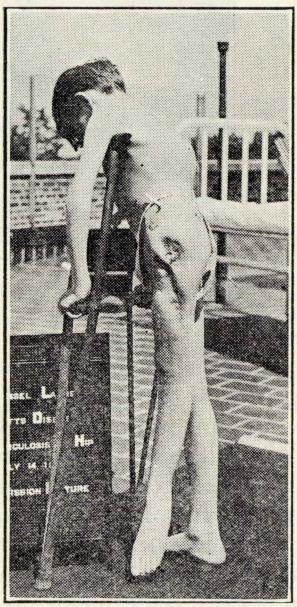
A Tuberculous Knee Joint Before Treatment.

Bone and joint tuberculosis is a disease which begins in early life, the large majority of cases developing between the ages of two and ten years of age. Early diagnosis is of the greatest importance, for it is only by detecting the disease early and beginning the proper treatment at once that the prevention of disabling deformities can be accomplished. It is, therefore, important that parents and guardians have some knowledge of the early symptoms of bone and joint tuberculosis in children.

Symptoms may be very slight in the early stages of the infection. The child may become somewhat listless and apparently lose the desire for food. There may be a slight elevation of temperature noted in the afternoon. Such children usually appear somewhat pale and perspire freely, either at night or during the daytime when napping and night cries frequently develop. There may be some loss of weight and strength. Any or all of the above symptoms should be sufficient warning to cause the parents to consult the family physician. A little later in the disease, local signs may develop in the affected bone or joint. In tuberculosis of the knee there may be visible swelling and increased local heat. The knee may become slightly flexed or bent and the child usually limps in walking. In fact, the first sign of hip or knee disease is frequently a noticeable limp. Many other conditions may cause a limp, but any unexplained lameness should warrant careful investigation. It is fairly characteristic of children affected by the disease to have periods of disability with intervals of freedom from symptoms.



Plaster Shell Used in the Treatment of Tuberculosis of the Spine. This is the same child pictured herein.

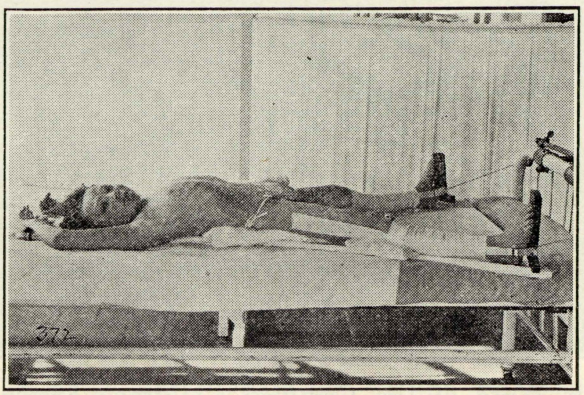


A Neglected Case of Tuberculosis of the Spine and Hip.

Tuberculosis frequently develops after some trifling injury, or following one of the common contagious diseases such as measles. The most common joints involved are the lower and middle spine, the knee, and the hip joint. Other joints such as the ankle, elbow, and wrist are less frequently affected. If the disease is not detected early, destruction of bone results and permanent deformity usually develops. In the case of the spine, the so-called "hunchback" appearance is gradually produced as a result of the forward collapse of the bodies of the vertebrae. Large abscesses may form in the groin from disease of the spine and at times these break and drain through the skin. In the case of the hip the entire head of the bone may be destroyed, abscesses form in the skin. Shortening and great deformity of the limb often results. Frequently these skin abscesses become infected with other bacteria from outside the body and the patient dies as a result of these secondary infections. Oftentimes untreated joints may act as a source of infection for other bones and joints which become progressively involved. It should be remembered that tuberculosis has a tendency to spread and some patients with bone or joint tuberculosis develop a generalized type of the disease from which they die, so whether a child has pulmonary or bone and joint tuberculosis, he should receive the usual treatment, consisting of rest and special diet.

A child with bone or joint tuberculosis should not be allowed to be up and about, since any activity of this sort spreads the infection and increases the development of deformities. Such cases are best treated in bed with suitable fixation or traction apparatus attached to the body. In the case of tuberculosis of the knee a small weight is usually attached to the lower leg by means of adhesive strips and a gentle pull thus continuously applied. This separates the joint surfaces, prevents excessive motion of the part, and removes all weight bearing, thus producing the best conditions for the healing of the joint.

Children needing treatment for bone and joint tuberculosis should be placed in hospitals to secure the most effective treatment, where their general condition is carefully cared for. They receive an adequate diet, a large amount of sunlight, fresh air, and cod liver oil, and during the winter months exposure to the alpine lamp. Their progress is also carefully followed by X-ray and other special studies.

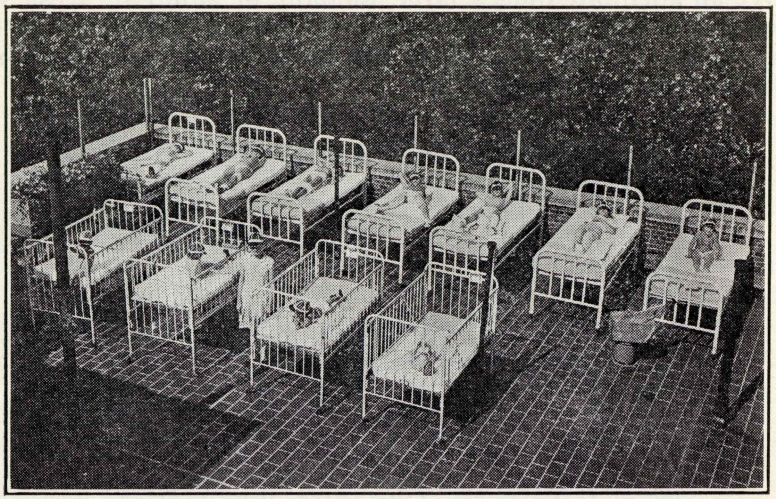


The Spine and Hip case illustrated above under treatment in the University Hospital. Note the marked improvement in the general physical condition of the child.

Conservative treatment of bone and joint tuberculosis under the most favorable conditions requires at least a period of one and one-half to two years to obtain a satisfactory cure. In older children, and occasionally in the younger ones, it is often possible to supplement nature's healing methods by an operative procedure. This merely consists in applying internal fixation to prevent motion in the diseased joint. With this method it is often possible to effect a satisfactory cure in as short a period of time as four to eight months.

It is very important to remember that there are many cases diagnosed as tuberculosis of the bone which are in reality not due to the tubercle bacillus, but to the common skin bacteria. A

large number of cases of chronic osteomyelitis proven to be non-tuberculous, have been treated at the University Hospitals who came with an admission diagnosis of tuberculosis of the bone. For this reason it cannot be overemphasized that in order to institute intelligent treatment of a disease of the bone or joint, the exact nature of the disease must be definitely determined. In most instances this can only be done by removing some of the tissue for study and actually finding the offending bacteria. Some of our cases had been treated as tuberculosis of the bone or joint for several years before admission, which were later proven to be non-tuberculous. Thus a positive diagnosis in the beginning may save a child or young adult a long period of unnecessary hospitalization.



Open-air Ward of the Crippled Children's Service, University of Missouri Hospitals. Children receive direct exposure to the rays of the sun.

At the present time there is no other State-maintained institution caring for bone and joint tuberculosis. It is perfectly obvious that there is a real need for a State institution of this type on a relatively large scale. These individuals do not need to be cared for in an active hospital unit, but are best cared for in a convalescent type of home with adequate facilities for fresh air and sunlight. Such a unit can be operated a great deal less expensively than an active hospital.

To sum up the situation there is a great deal of encouragement in the fact that extensive efforts are being made through the State Board of Health, 4-H Clubs, and other educational agencies to bring a better knowledge of the disease, its prevention and cure, to people throughout the State.

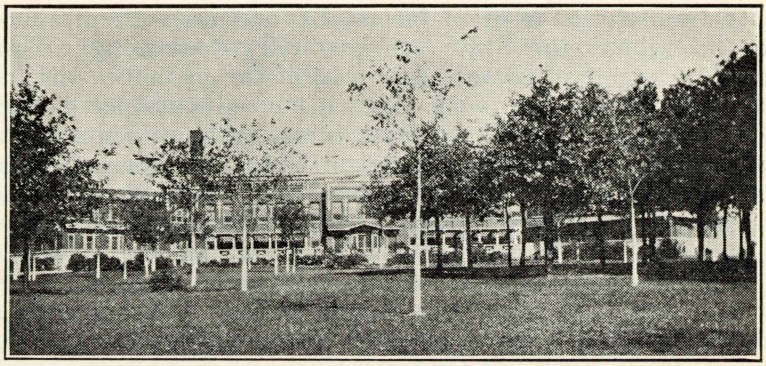
Fortunately, as in other forms of tuberculosis the number of cases throughout the State are gradually decreasing. This is primarily a result of better education of the people in the State through public health work and other educational agencies. The early diagnosis of the disease in its various forms has also been an important factor. Isolation of active tuberculous lung cases has undoubtedly played a great part in protecting young children and infants from contracting the disease by direct contact and ingestion of the tubercle bacillus and the pasteurization of milk in large cities has also prevented innumerable cases. The pasteurization of milk and segregation of tuberculous individuals will continue to cause a decreasing incidence of the disease. These, and early consultation with the physician when abnormalities are first noted, will cause a great decrease in the crippling deformities which result from the unchecked ravages of the disease.

THE CARE OF ADVANCED CASES OF TUBERCULOSIS

Many health officers are faced with the serious problem of what to do with advanced cases of tuberculosis. The State Sanatorium at Mt. Vernon is compelled by law to accept only the incipient cases and the Sanatorium at Webb City has a limited capacity. Many of these advanced cases come from homes where the whole family is compelled to live in one or two rooms, and it is practically impossible to carry out satisfactory isolation technique.

Dr. Fred L. Ogilvie, County Health Officer in Pemiscot County, is trying an experiment which may help to solve this problem. Through the cooperation of the Pemiscot County Tuberculosis Association, he has secured funds to construct a one-room portable house which is to be equipped as a comfortable sick room, and which may be transported to the home of the sick person. The "portable room" may then be drawn up to the porch of the patient's home and he may live separate from the family, but in close enough proximity to receive general care from the mother or family home keeper. The patients thus cared for will be visited regularly by the county nurse, and the family will be instructed in the nursing care of a tuberculosis patient.

The entire cost of the portable house or room is less than a hundred dollars and, being portable, it can be moved from one place to another when needed. Dr. Ogilvie has promised to give the Missouri Health News a more detailed account of this project as soon as he has more data on the success of his experiment. If the experiment is successful, several additional portable houses will be constructed.—P. McI.



The Jasper County Tuberculosis Hospital.

THE JASPER COUNTY TUBERCULOSIS HOSPITAL.

By Jesse E. Douglas, M. D., Superintendent.

The Jasper County Tuberculosis Hospital, located one and one-half miles northwest of Webb City, Missouri, has a capacity of one hundred and three patients and cares for relatively advanced cases of tuberculosis. Patients are admitted upon application to the Hospital Superintendent and, in the case of patients who are unable to pay for their care, the application must be accompanied by an order from the County Court.

This hospital was built and is maintained under the authority of Article II, Section 13962, Revised Statutes of Missouri, 1929, It is under the direction and management of a Board of Hospital Commissioners, appointed by the Jasper County Court who are Mr. Frank R. Birkhead, Chairman, Carthage; Mr. Lee A. Daugherty, Vice-Chairman, Webb City; Mrs. Ruth Cummings, Secretary, Joplin; Mr. Roy C. Coyne and Mrs. C. M. Spring, Joplin. Further supervisory powers were invested in the Board of Managers of the State Eleemosynary Institutions by the 1929 Legislature.

The number of patients cared for during the biennial period depends chiefly upon the amount of State Aid appropriations. Operating under the present law whereby State Aid Funds are paid at the rate of $12.50 per week for each charity patient, to maintain the fullest capacity of the hospital of 103 patients would require $133,900 for the biennial period of 1931-1932. During the past two biennial periods, $75,000 and $85,000 respectively have been appropriated, these allowing a population of fifty-nine and sixty-five patients to be cared for in this hospital which is considerably less than capacity.

The hospital building is in need of many repairs which have been neglected somewhat on account of inability to operate near capacity and thus operate with sufficient economy to keep up regular building maintenance.—J. E. D.



SANITARY SAMBO SAYS:

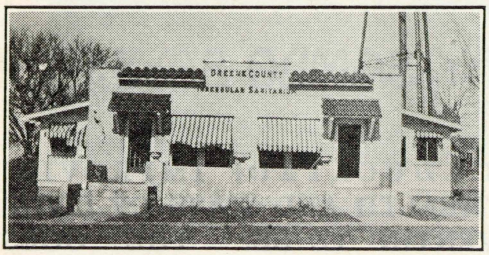
GIT EDUCATED! IMPROVIN' FOLKS' HEALTH AND WAYS OF LIVIN' IS PREVENTIN' TE BE. THEY GOES TOGETHER AN' FOLKS WHAT GITS IT HAS TO STA'T DE CURE EARLY IF THEY WANTS TO GIT WELL.

EARLY DISCOVERY—EARLY RECOVERY

The announcement that Herbert Hoover, Jr., is suffering from incipient tuberculosis brings dramatically into the news some of the old truths at which the National Tuberculosis Association hammers usefully year after year. By coincidence it came the same day as the Association's report of its last campaign for early diagnosis, a campaign which seeks to give to people generally the advantage by which Mr. Hoover will profit—recognition of the disease at an early stage when it is curable. Moreover, such a misfortune in a family which has had unusual benefits may help to bring home the fact that while tuberculosis is down it is not yet out. Though the death rate has been halved during the victorious advance of preventive medicine of the past few decades, tuberculosis still is the greatest single cause of deaths among young Americans between the ages of fifteen and twenty-five. Its economic burden rests most heavily on men and women in the young prime of life, when their family responsibilities are at the peak. When the Christmas Seal sale begins a few weeks hence, asking millions of people to give their pennies to help other millions, it will not be out of place to recall that this is ammunition against an enemy which still can strike the son of a President, brought up on the sunny side of fortune; that the object of those sheets of stamps is to give to more people just these benefits of early discovery, adequate care, and the early recovery which the country now wishes for Mr. Hoover.—Reprint, The Survey.

A HOUSE OF SUNSHINE.

By Maudine Weeks,
(A patient in the Greene County Tuberculosis Sanatorium.)



So many people have asked, "Don't the clock hands creep slowly and lag intolerably away out here?" and for the many that have wondered, but left the question unanswered I can say, "No—a thousand times — no!" Three years ago five of us were transferred to this "House of Sunshine" and our lives have been made remarkably happy. During this time we have had forty patients. Five of them left with arrested cases, twelve of their own accord, ten deceased. At this time we have thirteen patients. The building will only accommodate fifteen patients.

Coming from the Missouri State Sanatorium we were skeptical, of course, but determined to adjust ourselves to do without the many necessities and even luxuries we had enjoyed—THERE. But through the magical supervision of the Judges and Dr. John Williams, Jr., we found that very soon our new home was equipped with comforts that equaled those at the Missouri State Sanatorium.

"What do you do to while away the time?" is asked frequently.

"Do—why we start the day with a delicious breakfast served promptly at six-thirty. To those not able to go to the dining room, dainty trays are served. Dinner is served at twelve o'clock and Dr. Williams, Jr., and our delightful nurse are very particular that we receive just the proper food—I assure you."

In between meals, of course, comes our rest, which is from nine to eleven and one to four. From four until nine in the evening we are permitted to have visitors. We can read, write, sew, or do anything that our fancy dictates—and we are all "horribly good-natured" and find it is just as easy to smile—and it helps a lot. The lights are extinguished at nine o'clock.

We have a lovely seven-tube radio donated by the business men of Springfield, and a Brunswick victrola which was given us through the kindness of Miss Naomi Short of the Chamber of Commerce.

We have church services at least twice a month. Almost daily, come the generous contributions of the many thoughtful good folks, who so generously furnished us with papers, magazines and books.

We have the freshest air and with our rest, peace of mind and great doses of sunshine we are rapidly recovering. It seems to me that the sun out here has a trick, somehow, of painting every exposed object with hope.

THE NEEDS OF STATE INSTITUTIONS CARING FOR TUBERCULOUS PATIENTS

RECOMMENDATIONS OF THE MISSOURI STATE SURVEY COMMISSION

When the Survey Commission studied the situation at the Missouri State Sanatorium at Mount Vernon, the facilities of the institution were being taxed to the utmost in caring for 345 patients and there were 125 people waiting admittance who could not be cared for until patients already in the institution could be returned to their homes. These 125 people on the waiting list were urgently in need of sanatorium care, not only to insure their return to health and economic independence, but also for the purpose of protecting their families against their infection.

The recommendations of the Survey Commission include the erection of another hospital unit to care for 100 patients, the finishing of a partially completed unit, and the erection of living quarters for nurses, physicians, and other employees who must now live in rooms which could be devoted to the care of patients. In addition to the above, the Commission believes that a cold-storage plant for the preservation of perishable food, a central storehouse, additional dairy barns and a milk house, an increase in the available water supply and water system, additions to the power house and the purchase of an additional eighty acres of land are essential to the efficient operation of the institution and the production of milk and foodstuffs which are vital to the economical operation of the sanatorium.

The estimated cost of this expansion program, recommended as necessary to meet the current needs of the institution, is $500,000 which is to be expended over a period of ten years.

The Jasper County Tuberculosis Hospital at Webb City is also partially supported by the state. This institution cares for advanced cases of tuberculosis which are a menace to their families, while the sanatorium at Mount Vernon only accepts cases of the disease which offer some promise of recovery if properly cared for. The Survey Commission believes that the Jasper County Hospital should be purchased by the State at some future time and operated in conjunction with the State Sanatorium in order to avoid the evil effects resulting from the housing of advanced cases of tuberculosis with those in the early stages of the disease.—R. L. L.

Active tuberculous disease is curable, especially in its early stages, and frequently in its advanced stages although the duration of treatment is of necessity longer for further advanced cases. While rest, good food, and proper medical advice are imperative, the patient must have a will to get well. Rest refers to mental rest as well as physical rest, and full mental cooperation is as essential as physical cooperation. One must take interest in complete recovery, for partial recoveries tend to relapse even under normal habits of life and work. No halfway station can endure.—Max C. Starkloff, M. D.

Tuberculosis is one of the oldest diseases of which we have record. It is amply shown by the studies of scientists on mummies that tuberculosis was rampant as early as 1600 years B. C. It is of great significance that these mummies with tuberculosis were found in large number in certain localities, which strongly suggests expulsion or banishment of these unfortunates, amounting or equivalent to isolation—a method practiced by us today but in a far more humane manner. We now fully realize that at least partial isolation or control of open cases is fundamental and of paramount importance in combating tuberculosis, for the purpose of protecting other healthy individuals in the community.—St. Louis Health Bulletin.

If in the future all tuberculosis is to be wiped out, if the conquest is going to be rapid or slow, depends in the last analysis not so much on the money received and not so much on the sanatoria for the care of tuberculosis, and they are very necessary, but upon the care of the patient in the home.—Allen K. Krause, M. D.

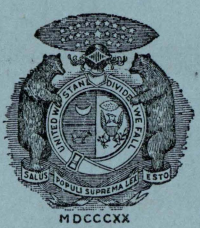
COMPARISON OF COMMUNICABLE DISEASES REPORTED FOR THE MONTHS OF OCTOBER, 1929 AND 1930.

Disease.	1929	1930
Chickenpox	169	91
Diphtheria	242	185
Epidemic sore throat	9	28
Influenza	40	5
Malaria	59	14
Measles	74	213
Meningitis	22	15
Mumps	14	19
Ophthalmia	0	2
Pneumonia	28	26
Poliomyelitis	2	91
Rabies	8	3
Scarlet fever	282	205
Smallpox	48	43
Tetanus	1	1
Trachoma	16	108
Tuberculosis	197	216
Typhoid fever	59	120
Whooping cough	163	71
Undulant fever	12	6
Tularaemia	0	1

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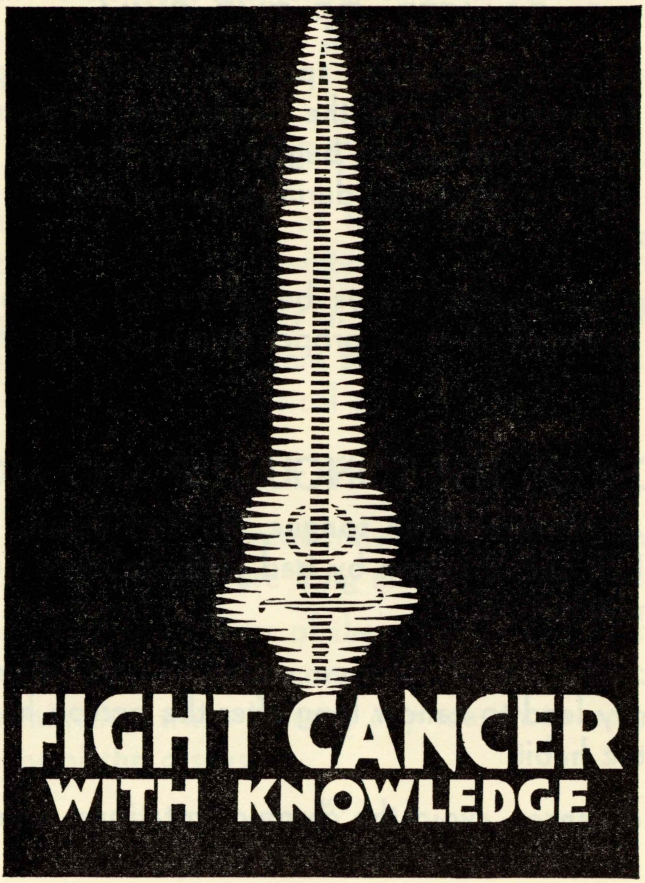
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MISSOURI PUBLIC HEALTH NEWS

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American Society for the Control of Cancer, 25 W. 43rd St.,
New York, N. Y.

THE PREVENTION OF CANCER

Cancer does not start suddenly in normal body tissue. It begins in some part of the body which has been altered by irritation or disease.

It takes time for irritated or diseased tissues to become cancers and both the patient and the physician usually have some warning of the approaching danger.

CANCER OF THE SKIN

Thickened, scaly or colored spots on the skin, especially on the face and back of the hands, are frequently the areas in which skin cancers begin. They develop slowly, in plain sight of the victim, during a period of many months or years.

Skin cancers cannot always be prevented but they can usually be cured, if given proper attention, when they first start to develop.

CANCER OF THE TONGUE, LIP AND MOUTH

Nearly all cancers of the tongue, lip and mouth are the result of chronic irritation by bad teeth, tobacco or syphilitic conditions.

The excessive use of tobacco causes chronic inflammation which may lead to cancer long after the person has abandoned the habit.

To avoid cancer, avoid the chronic irritations which lead to it.

CANCER OF THE BREAST

Cancer of the breast is often preceded by the appearance of a lump in the breast or by bleeding from the nipple.

Either of these conditions is the warning for an immediate examination by a competent physician.

Infections of the nipple, abscesses and diseases of the skin of the breast may all lead to cancer.

CANCER OF THE STOMACH

Chronic irritation, due to abuse of the stomach, is responsible for a large number of deaths from cancer of the stomach. Persistent indigestion is a danger signal.

Some cancers develop from stomach ulcers. The cure of such ulcers prevents cancer.

CANCER OF THE UTERUS

The prevention of cancer of the uterus depends on the repair of lacerations and maintenance of normal conditions.

There is usually no warning in the early stages of cancer of the uterus. A competent physician can detect it when he makes a thorough physical examination.

CANCER OF THE RECTUM

Cancer of the rectum is frequently complicated with hemorrhoids and most cases are long mistaken for hemorrhoids.

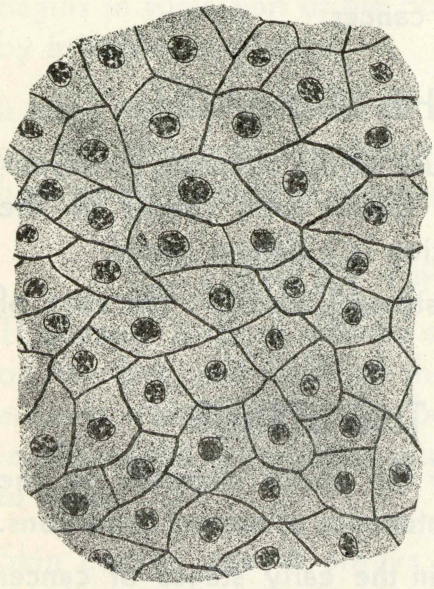
Many deaths from cancer of the rectum could be detected in time to prevent serious consequences by a proper physical examination when there is any reason to suspect the possibility of the disease.



GO TO A PHYSICIAN OR A HOSPITAL FOR A PHYSICAL EXAMINATION ONCE A YEAR

TUMORS

Cancers are tumors but not all tumors are cancers



The microscope has shown that all living things are constructed of irregular cells which are carefully fitted together.

When viewed through the microscope, the tissues of the human body look like a piece of masonry in which irregular stones have been carefully cut and fitted together to form a substantial structure. These living building stones of which we are constructed are called cells and, while they vary in shape and appearance in different parts of the body, they are always arranged in an orderly manner and cemented together to form the organs which are useful and necessary to life.

The number of cells possessed by an individual does not remain the same and the additional cells needed by the body are supplied by a process of division in which a wall forms across a cell, dividing it into two parts, each of which becomes a separate and complete cell. Children grow by the repeated subdivision of the cells which they possessed at birth and a cut or similar injury to the tissues of either a child or an adult causes the near-by cells to divide rapidly in order to supply the tissue needed to make repairs, so our cells are never idle, and cell division must be carefully supervised by the body and the production of additional cells stopped at the proper time in order to keep us from growing into monstrosities which would have very little resemblance to normal human beings. When a group of cells "goes wild" and breaks away from the control of the body, the mass of tissue which is formed is not needed and has no useful work to perform. Such abnormal growths are called tumors and they are classified as benign or malignant, depending upon the way that they grow and affect the tissues which surround them.

The benign or less dangerous tumors press the normal tissues aside as they grow and sometimes they become large enough to

crowd the surrounding tissues to such an extent that the organs cannot function properly. While a benign tumor may menace the life and health of its victim because of its location or size, it does not spread to other parts of the body, and if it can be removed the trouble ends. The most common and unimportant type of benign tumor is the wart with which we are all familiar.

Malignant tumors are cancers and they develop as a result of the abnormal stimulation of the cells of some part of the body by chronic irritation or disease. Instead of pushing the surrounding tissue aside, as benign tumors do, cancers not only grow out through and destroy the tissue which surrounds them but very small pieces of cancer tissue break loose from the original cancer and are carried to other parts of the body by the blood or lymph, forming new cancers in the places where they lodge.

There are almost as many kinds of cancer as there are kinds of tissue in the body. Some of them grow rapidly; others develop slowly; some of them will grow in almost any part of the body; while others prefer certain kinds of tissue but all of them are dangerous and cause irreparable damage and death, if neglected. Early treatment with radium, the X-ray, or surgery which will destroy or remove all the cancer cells before any of them have had a chance to migrate to other parts of the body are the only methods which science has found so far which prevent the death of a person who develops a cancer.—R. L. L.

It is generally accepted that tuberculosis and cancer cannot be conquered without early diagnosis. Thus, the two great public health movements against these diseases are primarily health examination campaigns. Likewise, attention is increasingly drawn to the opinion that early diagnosis is the missing essential in the fight against nephritis, heart disease, diabetes, and the other diseases of adult life. The health examination, therefore, holds a position of great promise and responsibility in the affairs of men and medicine. —N. Y. Health News.

"Ailments regarded as 'minor' should be recognized promptly and accepted as the signal that the person is moving in the wrong direction."—How To Live.

Can you account him wise or discreet that would willingly have his health and yet will do nothing that should procure or continue it?—Robert Burton.

CANCER

By Dr. James Stewart, State Health Commissioner.
Broadcast over Station WOS, December 8, 1930.

Cancer in its various forms has increased in frequency in the past thirty years until it has become one of the greatest hazards in the adventure of living. In a study of the vital statistics of our own State we find that the cancer death rate is exceeded only by heart disease and nephritis. As Health Commissioner of Missouri, I view this situation with much alarm for the following reasons:

First, the cause of cancer is not known, although millions have been spent in research by leading scientific investigators.

Second, many fake cures have been lauded by quacks which have only added tinder to the fire of the already inflamed cancer cells.

Third, the individual with early cancer is not sick, and when incapacitated with cancer the disease is usually beyond cure. People must be educated in the recognition of the early stages of cancer.

Fourth, cancer is not contagious; it is not a social disease; it is not hereditary. In a small percentage of cases a tendency may be inherited.

Fifth, the greatest mortality occurs between the ages of thirty-five and fifty-five, the age of responsibility.

In the hope that some of my radio listeners may derive definite benefit from this discussion, I will endeavor to give you some of the early signs that may mean cancer. The so-called danger signals are:

(a) Any lump in the breast or other part of the body, especially one which begins to grow or change.

(b) Any sore that does not heal, particularly on the face or in the mouth. Pain is not an early but a late symptom.

(c) Any unusual discharge or bleeding from any part of the body.

When any of these early symptoms appear, the advice of a competent physician should be sought without delay. In most cases the services of a specialist should be secured. Many cases of cancer can be cured if they are discovered in the beginning and are properly treated without delay. Delay is dangerous and may be fatal. Prompt action will often save life which might otherwise be lost. The only effective treatment of cancer is surgery, radium and X-ray, and usually a combination of these methods yields the best results.

The term cancer is used to include all malignant tumors or new growths as follows:

Carcinoma —a malignant tumor.
Epithelioma—a skin cancer.
Adenoma —a gland tumor.
Papilloma —warty growths.
Sarcoma —composed of embryonic tissue.
Osteoma —a bone tumor.

These terms may be too technical for you to understand, but I am endeavoring to bring forcibly to your attention that a cancer at first is a small spot or lump that spreads and produces other growths throughout the body. It usually starts in tissue that has become diseased by some sort of irritation or inflammation. For example; cancer of stomach which began as a peptic ulcer as a result of over-eating; cancer of lip which sometimes occurs in inveterate pipe smokers and industries which expose the workers to tar and its derivatives.

It is not my purpose to increase the dread of cancer in the minds of the public but, on the contrary, I desire to quicken in the mind of the person fearing cancer the courage to know the worst, and to know it at the earliest possible moment. I am striving to arouse a realization in the mind of the prospective victim of the safety that lies in quick diagnosis and action, also the helplessness of waiting, the folly of temporizing and rubbing with salve, which only tends to mask the true symptoms and in the end proves a delusion and a snare. Reduced to the fewest words possible, what I am trying to say is, "Catch it early and you have a chance; delay and you are lost."

What is being done about the cancer problem? In the United States the American Society for the Control of Cancer is exerting a powerful influence by educational measures; recommending special cancer clinics and hospitals, and special cancer service in general hospitals by distribution of educational literature, lectures, etc. Health Boards and governmental bureaus have long recognized the gravity of the cancer problem. Sweden took the lead about fifteen years ago when the government established a central cancer hospital and provided transportation for all who could not afford to pay their own expenses. In Massachusetts the legislature recently established a central state hospital for the treatment of cancer. New York City took the lead in municipal support of cancer control, and is now proposing to spend more than four million dollars in the undertaking. Philadelphia and Buffalo and many other cities are becoming active along this line of treatment and prevention. In St. Louis the free Barnard Skin & Cancer Hospital is doing a great work, but its facilities are far short of its needs.

It is to be hoped that future legislatures will visualize the necessity of action in our State and furnish the funds which are so necessary to reduce the cancer death rate which now claims 4,000 Missouri citizens annually. Only last week I told my radio audience how the death rate from pulmonary tuberculosis had been reduced to a marked degree by the intelligent use of money received from the sale of Christmas seals, and education of the public. The problem of combating tuberculosis is slightly different from that of cancer because the individual with early tuberculosis feels sick and when a person feels sick they seek medical attention.

Recently Sweden and Denmark have issued semi-postal stamps which are sold at a premium to support the governmental anti-cancer work in those countries. The United States could well emulate their example, and by so doing provide large sums of money for cancer hospitals, research, the purchase of radium and other necessary appliances so necessary as curative agencies.

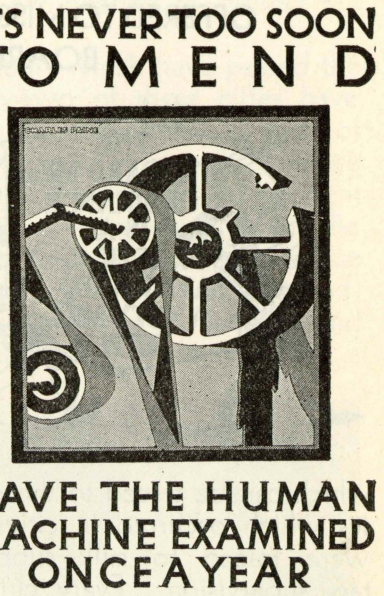
In order to bring the question of cancer control more forcibly to the attention of the citizens of Missouri, I risk the possibility of criticism for quoting from our vital statistics records. The number of deaths occurring per 100,000 population is called the death rate for any disease causing death. The cancer death rate for Missouri in 1911 was 59.7; in 1914 it was 69.6; in 1917, 75.13; in 1920, 77.1; in 1925, 95.96; in 1927, 105.49, and in 1929 it was 109.32. The cancer deaths in forty-six American cities increased from 71.6 in 1906 to 117.8 in 1929. Statistics for 146 cities showed the cancer death rate 114.4 per 100,000 population for the past two years.

These figures show not only a definite annual increase but really an alarming situation and are of sufficient magnitude to challenge the greatest intellects of the age for its solution. Every practicing physician should be on the alert in looking for the first cancer symptoms, and all persons so afflicted should follow the advice of their physician immediately, as delay is always dangerous.

The slogan of the American Society for the Control of Cancer, 25 W. 43rd St., New York, N. Y., is "Fight Cancer with Knowledge." Go to your physician at once if you have any of the early symptoms that I have mentioned. Do not wait until it is too late to effect a permanent cure.

Unlike tuberculosis, cancer is not a single disease, but a great group of diseases of very different causation and course. The body is made up of microscopic cells, arranged in an orderly way and producing useful organs. Cancer is simply an excessive, destructive overgrowth of some of these cells, producing the many forms of cancer.—James Ewing, M. D.

THAT ANNUAL PHYSICAL EXAMINATION AGAIN



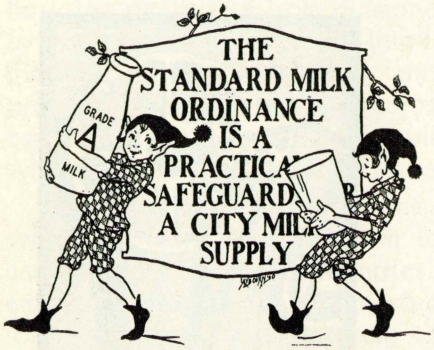
It is up to the family doctor to reduce the death rate from cancer. The ravages of this disease can be prevented if it is detected and properly treated in its early stages, and the family physician is the person on whom the responsibility for early detection rests. This statement is much like the old quip: "If we had some ham, we would have some ham and eggs, if we had some eggs." If the doctor is not consulted, cancer cannot be prevented, and so again, the annual physical examination by the family physician presents itself as sane common sense and good business.

Nowhere in the business of health and efficient living is the annual physical check-up of more importance than in the prevention of cancer, through early detection. The family physician is the one to make the annual physical examination, for he possesses a knowledge of his patients' bodies which he has gathered by ministering to them in the past and an understanding of their personalities and their reactions which cannot be obtained by a doctor who sees them only once; so if he will make a thorough, careful examination, he has no equal. Mail order "health institutes" which make a few urine analyses and have their subscribers fill out a blank once a year will not detect beginning cancer, heart disease, tuberculosis and some of the other maladies that claim the greatest number of lives. It is just as important to see the doctor at regular intervals when you think you are well as it is when you know you are sick.—R. L. L.

Many cases of cancer can be cured if they are discovered at the beginning and are properly treated without delay.

Delay is always dangerous and may be fatal. Prompt action will often save a life which might otherwise be lost.—Am. Soc. for the Control of Cancer.

THE CO-OPERATIVE MILK SANITATION PROGRAM OFFERED TO MISSOURI CITIES BY THE STATE BOARD OF HEALTH



The larger cities of the state have eliminated milk-borne epidemics of disease through the increased use of properly pasteurized milk and effective supervision of raw milk dairies but, unfortunately, sanitary supervision of the milk supplies of the smaller cities is sadly lacking in most instances and, as a result, there are more epidemics of disease in these communities each year which can be traced to the milk supplies. Two typhoid epidemics which occurred in cities of under 20,000 population in 1930 were traced to milk supplies which did not have proper sanitary supervision. Every citizen of the state has the same right to a safe, pure milk supply which is now enjoyed by the residents of the larger cities. With this end in view, The State Board of Health of Missouri has developed a successful program of co-operative milk sanitation control and will assist any city of the state in securing a safe, clean, wholesome milk supply.

This program includes three features: First, the passage by the city of a milk ordinance known as the State Board of Health Standard Milk Ordinance; second, the appointment of a satisfactory local enforcement officer; and, third, active assistance of the State Board of Health in the operation and enforcement of the milk ordinance. The important feature of the ordinance is that it is a grading ordinance. It defines the grades of milk according to the bacterial count and the sanitary precautions taken in the production and handling of the milk, and requires all milk sold to be labeled with its proper grade. No attempt is made to prevent any existing dairy from selling milk, but, it is required that all milk be graded and the public informed of the grade being purchased. The city provides such laboratory facilities as are necessary to test milk for bacteria and adulterations, which can be done at a very nominal cost. The State Board ol Health agrees to train and instruct the inspector appointed by the city and to make a survey and a sanitary rating of the milk supply of the city at regular intervals, in order to indicate the progress being made. Progress or lack of progress is reported to the proper city officials. The State Board of Health further assists the local inspector in any unusual situations that may arise

from time to time, and makes the bacteriological examinations of specimens from dairy employes which are needed to protect the milk supply.

There are twenty-six cities in Missouri which have passed the Standard Milk Ordinance, and twenty-two of these cities have appointed inspectors and are enforcing the ordinance. In each of these cities the sanitary rating of the milk supply is higher than before the program was adopted, showing on an average of 100 per cent improvement in two years' time. The dairymen usually find the program beneficial for two reasons: first, because increased confidence of the public in the milk supply means the use of more milk; second, fair enforcement of a practical ordinance stabilizes the industry and insured greater profit on the investment. The program is not a hardship on the dairy industry since it is recognized that the improvement of a public milk supply must be a progressive operation that demands for its success emphasis upon educational as well as regulative measures.

This program might well be accepted by every city in Missouri with profit both to the citizens and to the dairymen. The cost seldom runs over ten cents per capita per year. Would the assurance of a safe, clean milk supply be worth the dime to you? If so, urge your city officials to adopt the Standard Milk Ordinance and accept the program of the State Board of Health for co-operative milk control work.—W. S. J.-F. M. S.

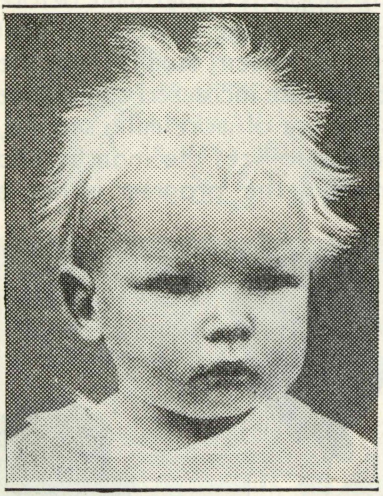


With the almost universal use of milk as a food, especially for those of growing age, it is of utmost importance that the milk supply of every community be regulated. A milk ordinance instructs the public as to what to expect of the milk bought, and instructs the producer on standards of quality and details methods of reaching them. Only dishonest dealers planning to prey upon the ignorance and indifference of consumers find a milk ordinance a disadvantage.—The Municipality.

OUT OF BABYHOOD INTO CHILDHOOD

VII. Food Habits

Prepared by
The Children's Bureau
U. S. Department of Labor.



When the child is a year old he should have been weaned from the breast and from the bottle. He can begin to hold his cup and spoon and should be encouraged to help himself. If a child is healthy his appetite will be good, though no anxiety need be felt about an occasional meal refused.

Parents should take the attitude that every food offered will be eaten without question. Never force food on a child, especially when he is cross or tired. Food will be eaten as a matter of course if meals are served with absolute regularity and without emphasis on the importance of eating. Meals should be served attractively to the child at a table where he can sit comfortably. A little child may grow tired while feeding himself and may be helped but should not be coaxed. If a fussy child eats well, praise him, but if he eats poorly pay little attention to him. If he refuses a food do not give another in the hope of getting him to eat something. Teach him to eat what is put before him. If your attitude is consistent he will learn to eat everything that is good for him. If the regular meal is not eaten, sweets should be withheld and no food permitted before the next regular meal.

Children imitate grownups in their habits of eating. Be careful not to make your child finicky by letting him know that you do not like this or that food or that it does not agree with you. Words are not the only way by which dislike may be shown. A child understands a look quite as well as a word.

A child who has had little solid food before the end of the first year should be started gradually with cereals, dry bread, mashed vegetables, and egg. Offer only one new food at a time. When a new food is given, offer a very small amount and later increase the amount. These amounts will vary with the age of the child.

Give no food between meals except milk or plain bread and butter once a day, and not even these if the child does not have a good appetite for his regular meals.

Serve Children's Meals Regularly

EXPERIENCE WITH AN EPIDEMIC

As a dairyman, I make this report for the general good. I have a good herd, my plant and my bacterial counts have been consistently low. One of my cows cut a teat on a barbed wire fence. I sewed it up. It healed promptly. After the cut had healed the milk was put in and shipped with the rest. Nearly two weeks after the accident two calves got out of their pen and nursed her dry, probably injuring the tender tissue of the new healing. The next day when we put the milker on there was a hole in the teat and the milk leaked out. We fed her milk to the calves for a few days and then turned her out to pasture.

Just before the teat was torn open the second time, two of my men and I had sore throats. The doctor said one of the men had tonsilitis. The other man went to another doctor and his case was called a bad pair of tonsils. Neither doctor, so far as I know, said anything about not milking. Then it was reported that a number of people in town were sick with sore throat and were saying that milk was the cause, but the thought that my milk had anything to do with it never occurred to me. However, an extensive epidemic of sore throat followed with several deaths. On checking up on the case, the Board of Health found that the people affected had used milk from one or the other of the dealers who got my milk. This was the first clue.

A veterinarian examined my cows, and took separate samples of milk. Some of the cows had had slight garget trouble. The health authorities found nothing. However, my milk was considered the source of the trouble and shipment was stopped about eight or nine days after I had stopped milking the cow with the injured teat. Then the State Health Department took samples from all the cows in the barn including two that were just drying off. These showed nothing. The health officials still insisted that there must have been a cow responsible for the epidemic and that they ought to find her. They took cultures from each of our throats and I got my first introduction to the germ called hemolytic streptococcus. How to spell the name is one of the things I learned, but the "bug" was worse than the name. The three of us were found to have the germs in our throats.

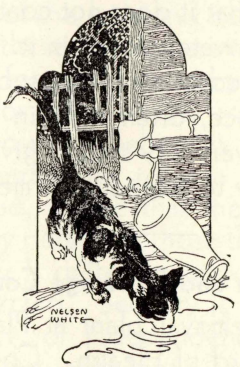
After the epidemic was over, a health department doctor showed me a chart of the epidemic. It indicated that most of the patients had taken sick within two or three days of each other (what he called the "peak" of the epidemic) and then the cases began to fall off rapidly until there were no more. After he left, I got to thinking about the "peak." The cases had already began to drop off before my milk was stopped. This looked funny. They told me that it took anywhere from a few days to two weeks for the disease to develop after a person got the germ. This they called the "incubation period." It then occurred to me that just a few days before the cases began to fall off, I had stopped milking the cow with the injured teat. Previously I had not thought of her so I got her in, boiled a bottle, took a sample and delivered it to the State laboratory. They said it looked "suspicious." Something was wrong with the sample, and they did not get the "bug." They sent me sterile bottles and at their request I got a sample of milk from each quarter. This I did and from the samples they found the "strep" which they were looking for. They found it in one of the uninjured quarters and not in the injured one where the trouble must have started. The doctor told me this sometimes happens. The trouble will clear up in the originally affected quarter and work into another quarter. Then two State doctors, including the Deputy Commissioner of Health, came and took more samples and cultures. These checked out correct with the samples I had taken and it was definitely established that this cow was the medium that had contaminated my milk. It was a relief to find the mystery cleared up.

The doctors say that one of us must have had the germ first and infected the cow in milking. If so, it must have occurred a short time before the epidemic started. When I stopped milking her the epidemic stopped. It is clear now, but it certainly was a mystery at the time.

My experience has its lesson and it helps reveal our responsibility as dairymen to ourselves individually and collectively as well as to the public. If a cow has an injured teat or udder, her milk should not be used for human consumption until a laboratory test has shown it to be safe. I have always believed that milk from a cow with even a mild case of mastitis should not be used until a laboratory test has been made. If nothing more, it is likely to run bacteria count up. But this experience shows that a cow can have mastitis caused by dangerous bacteria and still show no signs of inflammation. If there is any question about a cow's condition, it is better to "play safe" every time. The loss of milk from a single cow is nothing compared with the loss that results from a loss of market for several weeks, and no matter how good one's reputation is, even when the trouble is over, it takes consumers a long time to get over

their suspicion of your milk. The experience also shows that no one with a sore throat should milk cows or handle the milk in any way. Finally, I have got a different idea than I had before of the service of the Health Department and the good in its regulations. We farmers know little about epidemics unless we actually run up against them, which fortunately does not happen very often, but the health authorities know what is going on over a wide territory. It is their business to help dairymen avoid experiences of this kind, and my contact with them convinces me that they are anxious to avoid these troubles. Since milk is a medium that carries these dangerous germs, we should co-operate in every way with the health authorities in their efforts to keep milk in its proper place as Nature's greatest food.—Dairyman, in the Rural New Yorker.

As a rule, in epidemics in which pathogenic streptococci of the human type have been traced to infected milk, we see the combination of a relatively small herd, perhaps only a few cows, the milk from which is sold raw; the presence of a cow with an infected udder; and methods of milk production which pay too little attention to minor udder disturbances and very little attention to the health of dairy employes. Under such conditions, it is possible for a milk supply to carry infective dosages of pathogenic organisms. —N. Y. Health News.



MISSOURI WATER AND SEWERAGE CONFERENCE

Tastes and Odors in Missouri Water Supplies

Just when Missouri water-works superintendents were congratulating themselves that they did not have to solve the phenol taste problem which confronts so many water-works officials in other states, chlorophenol tastes appeared almost simultaneously in the water supplies of LaPlata and Cameron. Investigation showed that in both cases the objectionable tastes and odors were caused by painting the elevated tanks of the systems with a so-called creosote paint. This paint, when acted upon by the chlorine used for disinfection, produced obnoxious chlorophenol taste.

The superintendent of the Cameron plant attended the Sixth Annual Meeting of the Missouri Water and Sewerage Conference a short time after the taste occurred in the water supply of his city. The conference program included a discussion on odor and taste prevention for the information of those present. After the conference, the superintendent of the Cameron water plant, Mr. Turner, decided to treat the water with ammonium chloride prior to chlorination in an attempt to eliminate the taste. The plan used provided for dissolving ammonium chloride in water and feeding this solution from a barrel equipped with a valve. A dosage of three pounds of ammonium chloride per million gallons was used. The results have been excellent in eliminating the taste.

Other Missouri cities can profit from these experiences. Extreme care should be taken when selecting a paint for the interior of a storage tank to see that it does not contain any substance which will impart a taste to the water stored in it. It is also fitting to point out that the ideas obtained at meetings, such as the Missouri Water and Sewerage Conference, often help in the solution of troublesome local problems. Every city should give its water-works superintendent an opportunity to attend such meetings.—H. M. B.

Missouri Water and Sewerage Conference Notes

Plans for an iron removal plant at Platte City have been approved by the State Board of Health. Consumption of water from the city water plant, which was constructed last year, has been unusually low because of the objectional quantities of iron present in the water. It is hoped that the erection of the iron removal plant, which utilizes aeration and filtration, will result in a material increase in water consumption. Many Missouri city water supplies, especial-

ly in the northwest and southeast portions of the state, contain objectionable quantities of iron. Iron removal plants would make these waters much more satisfactory and would, undoubtedly, result in increased use of city water.

MENTAL HYGIENE

Contributed by Mrs. M. P. Overholser, Chairman Mental Hygiene, Missouri Branch National Congress of Parents and Teachers.

NOTE: Of all the excellent helps made available for parents and teachers to meet their mental hygiene problems, probably the most comprehensive and concise is the course arranged by Dr. George K. Pratt, Chairman of the Committee on Mental Hygiene of the National Congress of Parents and Teachers. The Course is called "Children and Their Parents," and is based on the twelve pamphlets comprising "Parent Teacher Packet No. 30." Dr. Pratt has prepared an outline to be used in the study of the course by small groups and designed to make plain practical application according to individual needs. A copy of this valuable outline will be sent you free of charge by Mrs. M. P. Overholser, Harrisonville, Mo.

Insecurity

From the moment of birth, the individual has to fight a constantly recurring sense of insecurity. We start from the one common loss—that of the comfort and security felt before birth; from then on each one of us strives to build up his own unassailable individuality. This is built up through his contact with reality outside of himself, the reality of things and other persons, and is torn down through these same outside contacts. Although these experiences are grouped into individual patterns for each one of us, yet there are certain typical stresses that call forth a greater striving for recognition on the part of the developing ego. Some of these stresses are the exploits of a rival playmate, the beginning of the school career, the arrival of a new brother or sister, and anything that seems to the the child to deprive him of the love and care of his parents.

The way in which these stresses are met, the constructive or destructive opportunities for winning recognition open to the child, determines the pattern for many of his adult responses to similar situations, as we well know. It behooves us, then, to see that the child has plenty of opportunities to win attention for good behavior rather than for bad, to see that the experiences that build up his feeling of adequacy outweigh those that tend to tear it down.

A feeling of security is quite the opposite of a feeling of dependency, of being protected. Security is a product of belonging, of affection, of adequacy, of independence, and is not born of being catered to, of having work done for us.—Charlotte Towle.

One of the best indications of mental health is the ability to get along with people. This ability to be sociable, as is the case with possibly all other mental attitudes, is learned and established in childhood.—James L. McCartney.

MONTHLY PROGRESS REPORT—STANDARD MILK ORDINANCE CITIES.

The table below indicates the ratings made by the State Board of Health of Standard Milk Ordinance cities during November and December, 1930. For the purpose of comparison, the previous milk ratings of the cities are also shown.

City		Date	Retail raw milk	Raw milk to plant	Pasteurized milk	Enforcement
Excelsior Springs	Previous rating	6–24–30	32	40	35	Pre-enforcement
	Last rating	12–5–30	88	78	84	53
Springfield	Previous rating	6–6–30	86	72	89	72
	Last rating	12–17–30	88	66	94	87
St. Joseph	Previous rating	7–8–30	86	81	96	90
	Last rating	11–26–30	87	81	97	89
Independence	Previous rating	6–23–30	96	85	87	85
	Last rating	11–29–30	93	51	93	75
Joplin	Previous rating	6–12–30	93	86	86	84
	Last rating	12–23–30	91	89	86	80
Carthage	Previous rating	10–11–30	67	None sold	None sold	56
	Last rating	12–16–30	69	None sold	None sold	55
Hamilton«	Previous rating	6–12–30	75	None sold	None sold	70
	Last rating	11–24–30	78	None sold	None sold	70
Ash Grove«	Previous rating	5–23–30	79	None sold	None sold	79
	Last rating	11–8–30	71	None sold	None sold	74
Republic«	Previous rating	5–24–30	78	None sold	None sold	79
	Last rating	12–11–30	74	None sold	None sold	74
Neosho«	Previous rating	8–13–30	74	None sold	None sold	64
	Last rating	12–18–30	79	None sold	None sold	68
Monett«	Previous rating	8–18–30	78	None sold	None sold	64
	Last rating	12–19–30	77	None sold	None sold	71

«Junior Ordinance Cities. 85 maximum rating on raw milk, 80 on enforcement methods.

OF PUBLIC HEALTH INTEREST

The meetings of the Missouri Conference for Social Welfare at St. Louis, April 13, 14, 15 and 16, will center around the theme of "Unemployment and Relief." For the general sessions, outstanding leaders of national reputation are being secured.

On Monday and Tuesday, Institutes will be conducted in "Child Welfare," "Family Case Work," "Psychiatric Social Work," "Social Hygiene," and "Probation."

On Wednesday and Thursday, divisional meetings will deal with "The Family," "Child Welfare," "County Public Welfare," "Health," "Group Activities," and "Delinquency."

All the social service agencies of Missouri are co-operating to make this annual conference the "best ever."

Dr. W. W. Johnston and Miss Maude Tollefson of the St. Francois County Health Department, spent a profitable two weeks during December visiting the Public Health Training Stations in Mississippi, Alabama and Tennessee. This visit was made possible through the courtesy of the Rockefeller Foundation. Dr. Johnston and Miss Tollefson feel that they acquired many new ideas for improving the work in our Missouri Training Center.

Three nurses will report to the Training Center in St. Francois County on February first for field experience. These nurses are Miss Laura Sharp, New Madrid, Missouri; Miss Perry, St. Louis, Missouri, and Miss Rachel Wagenblast, St. Louis, Missouri.

Smallpox in Iron County occasioned a call for help from the Graniteville Schools to Dr. W. W. Johnston, Whole-Time Health Officer of St. Francois County. The members of the Graniteville School Board canvassed their school patrons and secured the approval of all the parents, and since there were only six men in the village who had jobs, arrangements were made to provide the vaccine and Dr. Johnston conducted the vaccination clinic. This is an example of the influence which our Whole-Time Health Departments are having on their neighboring counties.

Mrs. Clara Wood Dewhirst, R. N., was appointed county public health nurse for Grundy county and began her duties January first. Mrs. Dewhirst is a graduate of the School of Nursing, City Hospital, St. Louis, and has a certificate in public health nursing from Peabody College, Nashville, Tennessee. The service in

Grundy county is supported jointly by the County Court, State Board of Health, County Tuberculosis and Red Cross. The County Court of Grundy county is to be commended for this appropriation as the work will be far-reaching and of lasting benefit to the citizens of that county.

The County Court of DeKalb county appropriated funds for one month of demonstration school nursing. The demonstration is being conducted by Miss Dorothy Willis, R. N., formerly employed in Dunklin county, Missouri.

The County Court of Miller county re-appropriated the county's annual quota for the support of the Whole-Time County Health Department on January 12. Miller county is one of the smallest counties supporting a whole-time unit and the County Court is to be congratulated for their far-sighted action. Credit for the splendid work accomplished by this Health Department is due Dr. E. K. Musson, the Health Officer, Mrs. Maude King, the Public Health Nurse, and Frank Field, the Sanitary Inspector.

Friends of Miss Margaret Davison, Nodaway County Nurse, will be glad to know that she is back on duty after several weeks' absence due to illness.

Mrs. Violet H. Hodgson, R. N., Assistant Director of the National Organization for Public Health Nursing, conducted an Institute for Nurses on Tuberculosis in Kansas City, January 26-27-28. This Institute was conducted under the auspices of the Kansas City Tuberculosis Society of which Miss Marion Ferguson is the Executive Secretary. The Institute is particularly valuable at this time as the Kansas City Visiting Nurse Association was recently changed from a specialized to a generalized type of service, and the special training in tuberculosis nursing will greatly benefit those who have been engaged in other specialties.

The County Court of Mississippi county made the annual appropriation for the County Public Health Nursing Service, effective January first. Mississippi is one of the counties most seriously affected by the drought, but the court realized that the protection of public health is one of the most necessary drought-relief measures.

Dr. Irl Brown Krause, Assistant State Health Commissioner, represented the Missouri State Board of Health at the Conference of State Health Officers in Memphis, Tennessee, January 21, which was called to consider malaria problems of the United States flood area.

COMPARISON OF COMMUNICABLE DISEASES REPORTED FOR THE MONTHS OF DECEMBER, 1929 AND 1930

Disease	1929	1930
Chickenpox	396	413
Diphtheria	207	212
Epidemic sore throat	18	13
Erysipelas	1	.....
Influenza	88	49
Malaria	1	5
Measles	207	2,625
Meningitis	44	16
Mumps	55	63
Ophthalmia	1	1
Pneumonia	106	86
Poliomyelitis	.....	3
Rabies	11	4
Scarlet fever	420	530
Smallpox	146	
Tetanus	1	1
Trachoma	29	153
Tuberculosis	151	153
Typhoid fever	23	34
Whooping cough	94	72
Undulant fever	5	4
Tularaemia	8	4

NEGLECT OF THE PUBLIC HEALTH INCREASES TAXES

MISSOURI PUBLIC HEALTH NEWS

"The Welfare of the People Is the Supreme Law"

VOL. III MARCH, 1931 NO. 7

Seventh Annual Meeting

MISSOURI PUBLIC HEALTH ASSOCIATION

JEFFERSON CITY, MISSOURI
May 4th to 6th, 1931

Published Monthly by
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JAMES STEWART, M. D.
State Health Commissioner
JEFFERSON CITY, MISSOURI

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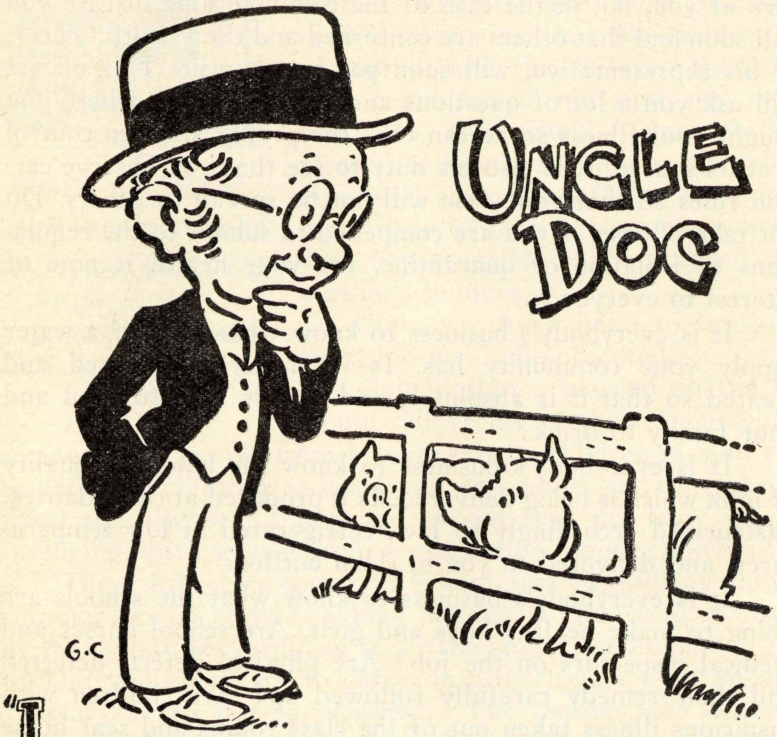
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MISSOURI PUBLIC HEALTH NEWS

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Vol. III MARCH, 1931 No. 7



"Lem Sikes has had his hogs immunized against cholera. His children are still unprotected against diphtheria and smallpox, but of course his pigs are thorobreds."

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Everybody's Business

IF you fall down your own front stairs and break your leg, that is your business. Outside of your family, your employer, and your friends, nobody is especially concerned. But if you have typhoid fever, diphtheria, smallpox, or any of the other catching diseases, it is everybody's business.

In either instance you will call your family doctor to take care of you, but in the case of the communicable disease you will soon find that others are concerned and the Health Officer, or his representative, will soon pay you a visit. This official will ask you a lot of questions and try to find out where you caught your illness so he can take the proper steps to control it at its source. It is also his duty to see that you observe certain rules so that your case will not be spread to others. Do not take offense, if you are compelled to submit to the regulations of isolation or quarantine, for your health is now of interest to everybody.

It is everybody's business to know what kind of a water supply your community has. Is it properly protected and treated so that it is absolutely and always safe for you and your family to drink?

It is everybody's business to know the kind and quality of milk which is being delivered. Is it produced at clean dairies, pasteurized accordingly to law, refrigerated at low temperatures, and delivered to you in clean bottles?

It is everybody's business to know what the schools are doing to make healthy boys and girls. Are school nurses and medical inspectors on the job? Are physical defects detected and their remedy carefully followed up? Are children with suspicious illness taken out of the class rooms and sent home at once for observation? Are they being taught the reasons for sanitation and the fundamental principles of hygiene and how to keep well?

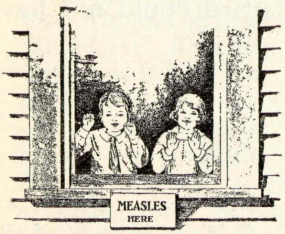
Community health is everybody's business. To pay your taxes and say that you are thus released from further responsibility is not enough. Your active interest and cooperation in matters of civic pride and improvement are needed by your local officials in order that they may get the best results.

"KIDS CAN COUGH IN SCHOOL AS WELL AS THEY CAN AT HOME"

Better, In Fact, For They Can Spread Their Infections Further

Extract from the narrative report of a Public Health Nurse

THE GOOD CITIZEN
Works for Public Health



FIGHT DISEASE
By
Good Personal Habits

AVOID SPREADING DISEASE
By
Obeying
Quarantine Laws

Courtesy National Child Welfare Ass'n.

I went out in the country one day last week to investigate a case of whooping cough that had been reported to us. Here I learned of several other cases, which of course I looked into. One mother received me very pleasantly, readily admitting that the children were whooping, and the children themselves, who remembered me and my several visits to the school, were obviously pleased to have the nurse in their home. However, when I mentioned the approximate date of their release from quarantine, a perceptible chill appeared in the mother's manner.

"Oh, we don't have to be quarantined, do we?" she objected.

I explained that a placard on the house would relieve her of the responsibility of keeping other people from bringing their children in, and that if she kept her children at home, no one could say that they had spread the disease. I flattered myself that my logic was very convincing, until a voice from an adjoining room bellowed:

"These kids can cough in school just as well as they can at home. Everybody in school has had a chance at it anyhow. Let them that are afraid of it do the stayin' at home."

Did you every try to carry on a discussion with an unseen adversary? It's not so pleasant. The mother was rather forbidding looking, a huge woman with a dark and very pronounced beard behind her chin, but the disembodied voice of her husband was worse. When he presently barged into the room in the wake of a particularly gruff burst of eloquence, I was immediately reminded of a surly baboon I had once seen in a zoo. I have never yet failed to leave a placard on a house when I started out to do it, and in every case but one, I have left good will also, but for a moment I felt discouraged. I glanced aside to find relief from so much grossness, and my eyes fell upon an unfinished hooked rug in its frame against the wall.

"Oh, do you make hooked rugs?" I inquired.

The question proved to be an inspiration. Its proud creator pulled the rug out for my closer inspection, and showed me the hook, of her own manufacture, with which she did the work. To my astonishment, the father sent a youngster scurrying for some finished rugs, and himself spread them out for display. Of course I admired them even beyond their just deserts, and when presently I started to leave, didn't he dispatch one of the children for some tacks to put up the placard! I always carry tacks with me, but I pretended I had forgotten them, gratefully accepted his, and left him thinking the placard could not have been put up without his help.

Influenza can be controlled, says Dr. C. O. Sappington of the National Safety Council, by observing the following precautions:

1. Avoid temperatures of over 70 degrees in your working or dwelling rooms. See that humidity is between 40 and 60.

2. Avoid over-eating. Include plenty of milk, orange juice, leafy vegetables, eggs and salads in your diet throughout the winter.

3. See that you get the proper amount of rest and sleep every day.

4. Avoid persons who cough and sneeze at you.

5. See that both kidneys and bowels are working well each day.

6. Drink at least six glasses of water daily besides what liquids you use at your meals.

7. Accustom your skin to changes of temperature by dressing according to the weather, and by taking cool shower baths every morning if you can arrange it.

8. If possible, arrange to get artificial sunshine through untra-violet ray exposure during the winter.

9. If you find your throat sore or your nose running, take a teaspoonful of baking soda in a glass of water three times a day, and add more milk and oranges to your diet.

10. Wash your hands with soap and hot water before each meal and keep fingers away from the mouth and nose.

If you develop a fever, go to bed and call a doctor. A serious illness may thus be prevented.

WILLIE HAS SCARLETINA



WILLIE, run to the door and see who's there. . . . Why Mrs. Green, I'm so glad to see you, come right in. And there's little Jimmie too. He and Willie can have a nice time while we talk. . . .

Yes, Willie's home; he hasn't felt so well for a few days—a little sore throat—nothin' much, I guess; but he had some fever night before last. . . . No, I didn't have a doctor, I know what to do when the kids get sick. He might have a little touch of scarletina because he had a rash and his tongue was red like Mary's when she had it last winter. . . . No, there isn't any sign on the door, I didn't want the Board of Health snoopin' around and keepin' the children all out of school. Besides, scarletina's nothing; the kids has all got to have it, and the sooner they do and get it over with the better. . . . Must you hurry? . . . Yes, Willie's cough is pretty bad; he will run out and play with the boys without his hat on. Well, come over again soon. Good Bye.

* * *

Oh, Mrs. Green, you're the first one that's been in since the sign came down. It's over a month since I seen you. If we ain't been in a mess! And I hear as how Jimmie's had scarlet fever too. That's too bad. Right after you was here that day, remember, who walks in but Miss Smith, the nurse, to see why Willie wasn't to school. She just passes the time of day, takes one look at Willie, and beats it. 'Well,' I says to myself, 'That's that,' but almost before I has time to turn around in comes the doctor from the Board of Health, and after he seen Willie with that rash on him, what he told me was plenty. Then, while he was here, all the kids comes home from school—yanked right out of their classes and loaded in Miss Smith's car. . . . Well, as you know, that miserable sign went up, the old man had to go up the street to his sister's to live, and we've had a mad-house ever since. . . .

I never knew before that scarletina was the same as scarlet fever and that real bad cases can be caught from it. But I know it now, sure enough! After this when any of the kids even looks cross-eyed or has a pain in their toe, I'm calling the doctor. I felt awful when the Board of Health man told me Willie had spread the scarlet fever all around town because I didn't keep him in and report to them that he was sick. . . . Yes, they're all well now. I've boiled everything in sight and scrubbed and aired the house from cellar to attic. It's safe. Come in and let me tell you all about it.

© A. P. H. A.

MEASLES IS A DANGEROUS DISEASE

By Dr. Edward S. Godfrey, Jr., Division of Communicable Diseases
New York State Department of Health

The larger communities that have had few or no cases of measles during the past three years or more, will probably be visited by an outbreak of this disease during the coming year. This prediction also applies to smaller communities, adjacent to these larger centers.



Measles is a neighborly disease. Parents can do much to prevent its spread.

Many parents who hear this statement may say, What do I care? The sooner my children have it and get it over with the better. There is a spark of truth in this idea but only a spark, and it contains a monstrous mistake. It depends upon how old your child is, how good his health and general physical condition are and on how good care you can take of him during his attack whether he should have it sooner or later.

The spark of truth in the idea is that while measles can never be said to be without danger, it is apparently less dangerous between the ages of five and fifteen than it is later. The monstrous mistake is that measles is very dangerous in children under five and the sooner they have it under that age the more likely they are to have complications.

If a child gets measles before he is a year old, the chances of his dying are more than fifty times greater than between the ages of five and fifteen. If he gets measles when between one and two years old, his chances of dying are thirty times greater and, if between two and three, nine times greater than a few years later. So it is very important to try to postpone an attack of measles until a child has reached his third or preferably his fifth birthday.

Measles practically always kills indirectly, through its complications. The most dangerous complication is pneumonia. Measles is another dwarf, like the common cold, that slips through the keyhole and unlocks the door for the giant ogre pneumonia. A big dwarf can perhaps turn the key all by himself—a little one may not be able to unless he has help. A big dwarf would be a severe attack of measles. A severe attack of

measles is more likely to be followed by complications than a mild one. Large or frequently repeated doses of infection are more likely to result in a severe case than are one or two small doses. Therefore you should never say, "Well, Johnny has already been exposed to Billy so he may as well go in and play with him." Quantity of infection is as important as the quantity of a poison taken, in determining how sick one will be as a result.

The severity of the attack may also be lessened by the injection of blood from one of the parents who has had measles at some time in the past. People who have had measles rarely have it again because they have immune bodies in their blood. By injecting blood containing these immune bodies the child is made wholly or partially immune for a short time so that he either doesn't take the disease or has it in a mild form.

Measles is seldom fatal to children over five years of age who are in good health at the time of the attack, provided they are given good care while sick and are not allowed to go out too soon; but it is very fatal at any age to those who are undernourished or not in good health or whose care is neglected.

Every case of the disease should have good care, be kept in bed during the fever and in a separate room if possible and should not be allowed out too soon. Sometimes older children get pneumonia by getting wet or chilled or over-fatigued soon after apparent recovery. *The patient should be put to bed immediately*, in a bed by himself, other people should be kept away from him, especially any one with a cough or a cold, and a physician should be called at once. He should not be allowed to get up until the doctor says it is safe to do so. The advice of the physician on the general management of the patient may be just as important as medicines. And his advice relative to other susceptible persons in the household may be more important than the care of the patient.

The first symptoms of measles are usually those of a cold in the head and fever, sometimes with coughing. The eyes are often red and sensitive to light. *The disease is most contagious at this time.* The rash usually appears on the third or fourth day.

The incubation period—that is, the time between exposure and the first symptoms—is usually from seven to fourteen days, but may sometimes be as long as eighteen days.

Since about 70 per cent of the deaths from measles occur among children under three years of age, the prevention of the disease in these young children is worthy of the most painstaking efforts. During an epidemic such children should be kept out of busses, street cars and other public conveyances and away from movies or other public gatherings.

If after developing the symptoms of measles your child has been in contact with other children you should give the names of all such children to the health officer or at least notify the parents of such children in order that they may take the needed precautions.

At least ninety per cent of the responsibility for the spread and the control of measles is in the hands of the parents. The spread of measles can be prevented only by the most careful attention to details. Since the disease is contagious from the very beginning, usually three or four days before the rash appears, it is plain that it can never be controlled unless the patients are isolated the instant the first sign or symptom shows itself.

It is because more than ten per cent of the parents are not doing their part that health departments can do so little in preventing measles and must devote their resources to preventing its having a fatal outcome.

MOSES—THE FATHER OF PREVENTIVE MEDICINE

The early history of our hero is veiled in myth and mystery. Born of a persecuted race, adopted as a foundling by a princely house, forced to flee the country for committing murder, the subject of this sketch exhibited marvelous insight and remarkable powers of administration and leadership. Although not a physician as we understand the term, and living long before the days of bacteriology, he yet was able to draft and enact a Sanitary Code whose guiding principles are still regarded as correct. In this Code he originated an entirely new system of medicine, totally opposed to the prevailing plan. For the curative and therapeutic practices then universally followed, he substituted a more philosophic and wiser hygiene and preventive method. Thus he introduced compulsory rest, one day in seven, and promulgated detailed instructions regarding camp sanitation, diet and sex life. Moreover, in the regulations which he formulated, emphasis was laid on discharges from the body (blood, pus, mucus) as vehicles of disease, and on personal cleanliness and isolation as the chief means of preventing infection.

A hygienist whose influence has made itself felt throughout the world and the first maker of sanitary laws—we salute Moses the father of preventive medicine.—New York City Weekly Health Bulletin.

THE HEALTH OFFICER SAYS:



THE greatest problems that my department has to meet are CARRIERS and MISSED CASES.

By the first is meant persons who have the germs of a communicable disease in their bodies but who are not sick. Such persons usually do not know of their affliction and are therefore very dangerous to those with whom they come in contact. Many serious epidemics have been started in this way.

CARRIERS usually acquire their germs by an attack of the disease which makes it especially important that every case be carefully supervised. Laboratory examinations of body discharges can determine with great accuracy the presence of the germs of diphtheria, typhoid fever, tuberculosis, gonorrhea, epidemic spinal meningitis, and trench mouth; rapid progress is being made with scarlet fever and whooping cough. Unfortunately there are still some of the common diseases that cannot be definitely checked up in this way, so the best we can do with them is to enforce quarantines for lengths of time that have been found by much study and experience to be safe in the great majority of cases. This is why the doctor treating the case cannot release the quarantine before the time is up, even though the patient appears to be entirely well.

MISSED CASES are those which are so slight as not to be noticed or recognized as communicable disease; also those which are not reported to or otherwise discovered by this department and therefore not placed under supervision. We take this means of saying again to parents that even slight attacks of sickness may be serious; that a sick child should not be sent to school or allowed to play with others; that it is always safest (and usually cheapest) to have a doctor see a child as soon as the first signs of illness appear; that very severe cases of disease can be caused by contact with a light case.

The law requires parents to report all cases of communicable diseases to this department when a physician is not called. Failure to obey this requirement is punishable by a good big fine, but we urge our people to comply with it because of their public spirit and willingness to cooperate in keeping others well rather than because of fear of the penalty.

PNEUMONIA

PNEUMONIA is always very dangerous but is especially so to persons in a run-down condition during the winter. We must, therefore, make extra efforts to guard against it at this time of year.

Pneumonia Is Catching

The germs that cause pneumonia are spread abroad by careless coughers, sneezers, and spitters and by the things they thus infect. The first symptoms are usually a severe chill and fever, a very sick feeling, loss of appetite, rapid breathing, and a heavy sensation in the chest. Sometimes coughing brings up blood from the inflamed lungs. Any of these signs should be the signal for going to bed at once and sending for your doctor. Do not take aspirin or cough medicine without his orders.

Like most other diseases pneumonia loses many of its terrors if its seriousness is realized and the patient acts accordingly.

Stay in bed as long as the doctor directs.
Do not go out of doors or back to work too soon.
Avoid unnecessary exertion and excessive heat or cold while in a weakened condition.
Heart and lung troubles and other ailments often follow careless treatment of pneumonia.

Prevention Avoids Cure

The familiar rules for prevention of the so-called "respiratory" diseases apply to pneumonia. These rules should become personal habits and not be put on or off at times of prevalence or absence of disease.

FOR YOUR OWN SAKE: Avoid careless coughers and sneezers, even if you have to be rude. Keep your hands, pencils, money, and other such things away from your mouth. Wash your hands thoroughly before your meals. Get plenty of fresh air day and night. Exercise and eat in moderation. Sleep much. Wear clothing suitable to the weather and keep your feet dry. Take care of that little cold. Get examined.

FOR THE SAKE OF OTHERS: Stay at home when you feel sick. Cover coughs and sneezes. Don't spit.



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TYPHOID FEVER FOLLOWS THE DROUTH

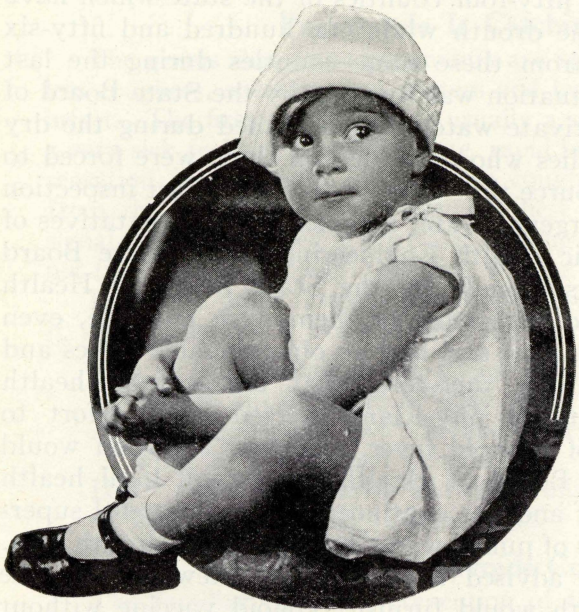
More than twice as many cases of typhoid fever occurred in the drouth stricken areas of the state during the last six months of 1930 as occurred in the same period of 1929. Three hundred and fifty-two cases of typhoid fever were reported to the Division of Vital Statistics of the State Board of Health during the last half of 1930 from the fifty-four counties of the state which have suffered most from the drouth while one hundred and fifty-six cases were reported from these same counties during the last half of 1929. This situation was foreseen by the State Board of Health since many private water supplies failed during the dry weather and the families who depended on them were forced to use water from any source that they could find. Past inspection of many of these emergency water supplies by representatives of the Division of Public Health Engineering of the State Board of Health and analyses made by the State Board of Health Laboratories indicated that most of them were not safe, even though the water was clear and had no objectionable tastes and odors. It was apparent, therefore, that unless local health authorities and practicing physicians exerted every effort to prevent the spread of typhoid fever, a serious situation would develop. The State Board of Health warned all local health officials of the danger and has continued its usual careful supervision and inspections of public water supplies in the drouth area. Physicians were also advised by Dr. James Stewart that the State Board of Health would furnish typhoid vaccine without cost for use in protecting persons who were not able to pay for this service, if the physician or health officer would administer it free. A number of counties not only heeded the warning but also took advantage of the offer of free typhoid vaccine while others have paid the price of neglect.

The increase of typhoid fever in the drouth area at a time when there was a slight reduction in the number of cases occurring in other parts of the state again illustrates the fact that greater opportunities for the spread of disease follow in the wake of economic depression with its changes in living conditions and that those who suffer most are the ones who are least able to bear the financial burden of sickness and must be supported by governmental agencies during their misfortunes. Neglect of the public health increases taxes.—R. L. L.

OUT OF BABYHOOD INTO CHILDHOOD

VIII. DIET.

Prepared by
The Children's Bureau, U. S. Department of Labor.



The right foods in sufficient amounts are necessary if a child is to be healthy and grow as he should. Certain foods build bones and teeth and make the child strong and rosy. These are: Milk, eggs, meat, bread and cereals, green leafy vegetables, fresh fruits such as oranges, butter (which is better than butter substitutes), and cod-liver oil. Fruit and green leafy vegetables should be eaten twice a day, meat or fish three or four times a week. An egg should be given daily, at any meal. A glass of water should be taken two or three times a day.

A quart of milk a day should be given to children 1 to 6 years of age. Some of the quart may be used on cereals, in milk soups, or in milk puddings. For children under 2 all milk should be boiled. For children over 2 all milk except that which has been pasteurized should be boiled.

Vegetables should be cooked until tender—as a rule about 30 minutes—in a little salted water in a covered kettle. Spinach, young beet tops, or young turnip tops need a shorter cooking; no water need be added (enough remains on the leaves after they have been washed thoroughly). Young green cabbage should be cut in small pieces or shredded when raw, and cooked a very short time in boiling salted water in an open kettle. Do not cook vegetables with fat meat, as this makes them hard

to digest. Potatoes may be baked or boiled. For children under 2 all vegetables should be finely chopped or mashed.

Cereals—wheat, oats, or corn—should be cooked at least an hour. Hot cooked cereals are much better than cold ready-to-serve ones. Of wheat cereals and breads, the dark ones are better than the light. Bread should not be served fresh; it is best dried or toasted.

Meat and fish may be broiled, boiled, or baked.

Cod-liver oil (two or three teaspoonfuls a day) should be given during the second year at least. It may be given before or after breakfast and supper.

Forbidden are coffee and tea, rich desserts, fried foods, nuts, and all highly seasoned and greasy foods.

MISSOURI WATER AND SEWERAGE CONFERENCE

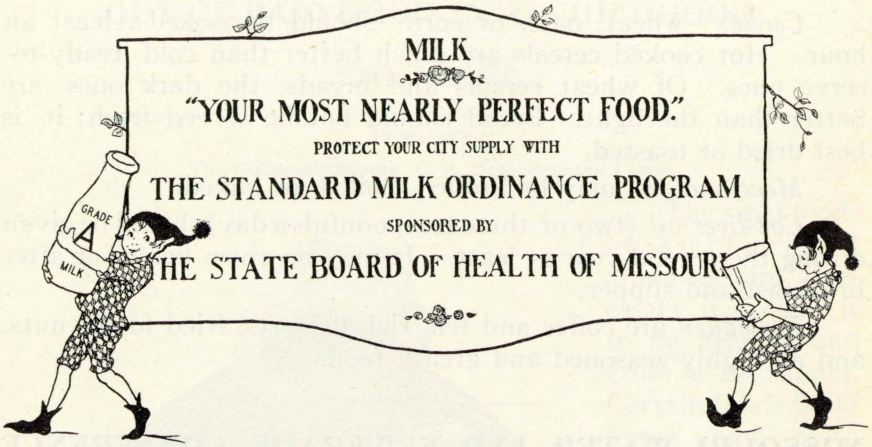
We wish to call your attention to the State Board of Health annual report on public water supplies which appears in another section of the News. The quality of the public water supply is so closely connected with the health and welfare of the community that it can almost be said that the rating of the public water is an index to the healthfulness of your city. Providing safe water is one of the primary functions of a city government and failure to do so constitutes gross negligence. When defects in the city water supply are pointed out, it certainly behooves that city to correct them before contaminated water is supplied to the consumers and typhoid or other filth-borne diseases result. Your city is known by the rating of its water supply.

Final inspection of the new iron removal plant at Weston has been made by the State Board of Health. The supply at Weston is derived from a shallow well which contains excessive amounts of iron. This water is treated with lime and filtered after which it is suitable for domestic consumption.

HEALTH

By Frances M. Clark

H ealth is a greater blessing than wealth, so
E nvy not the possessor of gold, for
A ll that glitters is not gold.
L o, happiness and good health are priceless,
T hese cannot by shekels be bought, nor
H aving them, can they be bartered or sold.



THE STATE BOARD OF HEALTH STANDARD MILK ORDINANCE PROGRAM—1930

During the year 1930, the Division of Public Health Engineering and Sanitation of the State Board of Health has carried on milk sanitation work in 44 Missouri cities. Activities in these cities varied in extent from conferences with public health officials to putting into operation complete Standard Milk Ordinance programs. During the year 2,099 dairies were inspected and 538 conferences were held concerning milk sanitation work. Forty-five ratings were made in 21 standard ordinance cities. Two ratings were made in non-standard ordinance cities at the request of local health authorities. One city, Excelsior Springs, adopted the Standard Milk Ordinance and accepted the State Board of Health Standard Milk Ordinance Program. Grades were also announced for the first time in Monett, Marshall, and Neosho, during the year. All of these four towns now have good inspection.

Twenty-six cities have adopted the State Board of Health Standard Milk Ordinance. Twenty-two of the 26 have appointed inspectors and have announced grades of their milk supplies. Cape Girardeau, Chillicothe, Centralia, and Moberly have failed to provide for enforcement of the ordinance. These 26 cities have a combined population of 311,520 (1920 census). The total population of all the cities in the state having a population of $2,500 or over, exclusive of Kansas City and St. Louis, is

489,596 (1920 census). Consequently, 63.6 per cent of the population in cities of 2,500 population or over, exclusive of Kansas City and St. Louis, is in cities reached by the Standard Milk Ordinance.

The 22 cities that have accepted the enforcement program of the State Board of Health have made material progress in sanitation during the year. (See Tables I and II.) The average rating of retail raw milk for the standard ordinance cities is now 88.1, compared with an average rating of 80 last year. The average pasteurized milk rating is now 93.7, compared with an average rating of 77 for last year. These ratings are based on a possible 100. The Junior Milk Ordinance cities have made equal progress during the year but do not show up to such an advantage because the basis for rating has been changed from a possible 92 to a possible 85 for raw milk and from a possible 96 for pasteurized milk to a possible 85. The rating for retail raw milk in Junior Milk Ordinance cities for 1930 was 73.5, compared with 57 for 1929. The pasteurized rating for Junior Milk Ordinance cities in 1930 was 78, compared with 49 for 1929.

TABLE I

STANDARD ORDINANCE CITIES MILK RATINGS

City	Raw milk		Raw to plant		Pasteurized Milk		Remarks
	1929	1930	1929	1930	1929	1930	
Brentwood	.....	81	.....	.....	.....	.....	
Carthage	89	69	.....	.....	.....	.....	Lower rating due to lack of laboratory work. First rating June, 1930.
Excelsior Springs	32	88	40	78	35	84	
Ferguson	85	96	.....	.....	.....	.....	
Hannibal	92	92	88	85	93	95	
Independence	70	93	54	51	50	93	
Joplin	92	91	83	89	78	86	
Kirkwood	84	94	.....	.....	.....	.....	
St. Joseph	71	87	62	81	62	97	
Sedalia	91	96	.....	72	.....	67	Rating made February 17, 1930.
Springfield	55	88	48	66	72	94	
University City	.....	.....	.....	.....	.....	.....	No milk sold coming under ordinance.
Webster Groves	77	88	77	.....	56	.....	

Ratings based on a possible 100.

The 22 cities working under the supervision of the State Board of Health have a total of 925 dairies that are selling an average of 28,157 gallons of milk per day of which 9,196 gallons, or 32.6 per cent, is pasteurized. During 1929 in 20 of the cities for which figures are available, the average daily sale of milk was 24,863 gallons of which 7,242, or 29 per cent, was pasteurized. In the same 20 cities during 1930, the average daily sale of milk

was 27,483 gallons of which 8,821 gallons, or 32.3 per cent, was pasteurized. This represents an increase in total sales of milk in the 20 cities of 2,620 gallons, or 10.5 per cent. The pasteurized milk average daily increase was 1,579 gallons, or 21.8 per cent.

TABLE II

JUNIOR ORDINANCE CITIES MILK RATINGS

City	Retail raw milk		Raw to plant		Pasteurized milk		Remarks
	1929	1930	1929	1930	1929	1930	
Ash Grove	69	71	.....	.....	.....	.....	
Brookfield	66	69	72	72	69	75	
Carrollton	74	77	.....	.....	.....	.....	1929 rating adjusted to present rating system.
Hamilton	54	78	.....	.....	.....	.....	
Marshall	54	65	.....	.....	.....	.....	
Monett	61	77	.....	.....	.....	.....	
Neosho	48	79	.....	.....	.....	.....	
Republic	38	74	.....	.....	.....	.....	
Trenton	60	76	36	69	29	80	Ratings adjusted to present rating system.

Ratings based on a possible 85.

Only two milk-borne epidemics occurred in Missouri during the year. The first occurred at Poplar Bluff in the early summer. There were six cases of typhoid in this outbreak but no deaths. The second epidemic occurred in Boonville in September. There were seven cases of typhoid but no deaths. The Boonville epidemic was a typical milk-borne outbreak. Six of the seven cases used milk from one dairy. This dairy distributed milk produced on its home farm and milk produced on the farms of three neighbors. One of the neighbors proved to be a typhoid carrier. Neither Poplar Bluff nor Boonville have done any effective milk inspection and their citizens paid the price of negligence by being ill with typhoid.

An excellent demonstration of what can be done with a Standard Milk Ordinance program was conducted at Excelsior Springs this year. Excelsior Springs passed the ordinance in May and the State Board of Health sent a representative in June to start an improvement program. The dairies were rated at that time as follows: Retail Raw 32, Raw to Plant 40, Pasteurized 35. The program was pushed vigorously and grades were announced on December 1. A rating was made at the time grades were announced with the following results: Retail Raw 88, Raw to Plant 78, Pasteurized 84. This shows an improvement in raw milk of 175 per cent, in raw to plant of 95

per cent, and pasteurized of 140 per cent. Pasteurized milk sales increased from June to December from 245 gallons to 375 gallons, or 53 per cent. An even higher rating is expected at Excelsior Springs at the next rating, for they are pushing their program with 100 per cent in mind. The cost has not been great, about $50 per month. Any other Missouri city can do as well as Excelsior Springs has done if they try as hard.

The State Board of Health is anxious to assist the cities of the state with their milk control problems. There are approximately 100 cities in the state with a population upward of 2,500 that could do milk control work. At the present time the personnel of the department is large enough to supervise a standard ordinance program in several additional cities.

More cities have the program under consideration than the State Board of Health can supervise with present personnel. It will be a case of first come first served in the future, so don't delay too long.—W. S. J.

North Kansas City, Missouri, adopted the Standard Milk Ordinance on January 22nd, and Boonville passed the ordinance on February 2nd. These two cities are the 27th and 28th Missouri cities to pass the Standard Milk Ordinance. Both cities are planning to start the enforcement of the ordinance in the near future. This forward step will mean a great deal to the dairymen of these cities and will aid in protection of the health of the communities.

A typhoid fever carrier is a person who, though not ill, constantly harbors typhoid fever germs. The germs may be excreted at all times. Usually these carriers are individuals who at some time have undergone an attack of the disease. After recovery, the germs continue to live and propagate in the intestinal tract. From that situation they get out and into the food or drink of other people when opportunity permits. Individuals have been found who have been active carriers for periods of thirty and forty years.—Illinois Health Messenger.

"No individual is too old or too young to contract smallpox. All babies should be vaccinated during the first year of their lives."—Pittsburgh's Health.

MENTAL HYGIENE

Contributed by Mrs. M. P. Overholser, Chairman Mental Hygiene,
Missouri Branch National Congress of Parents and Teachers.

NOTE: Of all the excellent helps made available for parents and teachers to meet their mental hygiene problems, probably the most comprehensive and concise is the course arranged by Dr. George K. Pratt, Chairman of the Committee on Mental Hygiene of the National Congress of Parents and Teachers. The Course is called "Children and their Parents," and is based on the twelve pamphlets comprising "Parent Teacher Packet No. 30." Dr. Pratt has prepared an outline to be used in the study of the course by small groups and designed to make plain practical application according to individual needs. A copy of this valuable outline will be sent you free of charge by Mrs. M. P. Overholser, Harrisonville, Mo.

JEALOUSY

One of the most common situations which stimulates jealously in the child is the birth of a new baby. This is not surprising when quite suddenly and unexpectedly this child of 3 or 4 finds his mother devoting practically all her time to the intruder. It may be that the child has been through a period of worry and upset. Often the older child is sent away during the mother's confinement. This may be the first time he has ever been away from home, and adults can little appreciate what this may mean to him, even though he be with the most well-meaning of relatives. His entire world is in upheaval. How can he know that it will ever come right again? He puzzles his little head over this, is told time and again that he is going back to mother and daddy, but when he gets there he appears to be supplanted. Or it may be that he stays at home, and mother is taken away to the hospital with little or no explanation to him. Again he is faced with an upset world. Why has mother left him? Will she really come home again? Then she comes, but not with undivided attention for him. Mother's love and attention must be shared; small wonder that feelings of hatred for the baby are aroused.

However, this attitude toward the newborn baby can invariably be overcome if the older child is confided in and told that he may expect a new little brother or sister. He then awaits its arrival with interest and pleasant anticipation. Handled wisely, what might be a most unpleasant event in his life becomes a real pleasure which will mean companionship and a new playmate, some one to care for and protect. This sense of responsibility will work out to the advantage of both children. If, in the course of events, the older child does become jealous of

the baby, never foster this attitude of teasing or encouraging it, or by looking upon it as something that is "funny" or "cunning." The emotions of childhood are far too dangerous to be toyed with in this way. Intelligent parents will find numerous ingenious ways to convince the child that he is still just as much loved and as important a member of the household as he was before the "usurper" arrived. It is simply a matter of giving the older child a little more time and attention and a little assurance that he still holds the affection of those he loves.—Dr. Douglas A. Thom.



WE SUGGEST THAT

THE RESPONSIBILITY FOR THE PROTECTION OF CHILDREN AGAINST DIPHTHERIA AND SMALLPOX RESTS WITH THE MOTHERS.

The prevention of diphtheria among children of pre-school age is more important even than the protection of the school children, who, if desired, receive preventive treatment at school. The children at home must be given their treatment there by the family physician or at the clinic. Your child should be given Toxin Antitoxin as soon as possible after it has reached the age of six months.—E. V. Brumbaugh, M. D., Milwaukee Health Bulletin.

During an epidemic of measles, there should be daily inspection of children in the public school, particularly those who have not had measles. If possible, this inspection should include taking and recording of temperature and any child with a temperature above 99 degrees should be excluded pending a diagnosis. Schools should not be closed or classes discontinued particularly if this daily inspection by a physician or nurse can be provided for.—F. A. Brink, M. D.

ANNUAL REPORT ON PUBLIC WATER SUPPLIES IN MISSOURI FOR 1930



During 1930 each public water supply in the state was surveyed at least once, and in most cases more than once, by a trained sanitary engineer. This program is carried out as part of the routine work of the Division of Public Health Engineering and Sanitation. Largely as a result of these surveys, 31 sanitary defects existing in public water supplies were eliminated, and 33 improvements were made. The routine program of regular bacteriological analyses was continued during 1930 and 10,409 samples from municipal water supplies were analyzed by the State Board of Health Laboratories.

The date secured from sanitary surveys and bacteriological analyses constitute a basis for the annual report on the public water supplies in Missouri. The officials of cities which have water supplies that are not completely approved were notified of the defects existing in their systems together with the recommendations for their correction. The rating of public water supplies in Missouri for 1930 follows:

PUBLIC WATER SUPPLIES APPROVED

Source—Ground Water

Albany	Concordia	Malden	Ridgeway
Anderson	Crane	Marionville	River Mines
Ash Grove	Crystal City	Marshfield	Rockport
Aurora	Deering	Monett	Rolla
Auxvasse	Dexter	Mound City	Ste. Genevieve
Ava	Eldon	Mountain Grove	Salem
Bismarck	Elvins	Mt. Vernon	Sarcoxie
Bolivar	Farmington	Nevada	Senath
Branson	Festus	New Franklin	Seneca

Buffalo	Flat River	New Haven	Seymour
Burlington Junction	Fulton	New Madrid	Sikeston
Cabool	Greenfield	North Kansas City	Stanberry
California	Herculaneum	Norborne	Steele
Campbell	Hermann	Osceola	Sullivan
Carterville	Humansville	Owensville	Tarkio
Carthage	Huntsville	Ozark	Thayer
Centralia	Ironton	Platte City	Vandalia
Chaffee	Jackson	Portageville	Verona
Chamois	Kahoka	Potosi	Versailles
Charleston	Kennett	Puxico	West Plains
Clarksville	Leadwood	Republic	Willow Springs
Cole Camp	Liberty	Rich Hill	Windsor
Columbia	Lockwood	Richmond	Webb City

Source—Surface Water

Bethany	Hamilton	Louisiana	Perryville
Bowling Green	Hannibal	Macon	Poplar Bluff
Brookfield	Harrisonville	Marceline	Raytown
Brunswick	Higginsville	Maryville	Savannah
Cameron	Holden	Milan	Sedalia
Canton	Independence	Moberly	Slater
Carrollton	Jefferson City	Monroe City	Smithville
Chillicothe	Joplin	Odessa	Springfield
Edina	Kirksville	Palmyra	Sugar Creek
Fayette	Kirkwood	Paris	Trenton
Gilliam	Lees Summit	Parkville	Wellsville

PUBLIC WATER SUPPLIES CONDITIONALLY APPROVED

Source—Ground Water

Benton	Doniphan	Marshall	Pineville
Bloomfield	Eldorado Springs	Montgomery City	Purcell
Bonne Terre	Excelsior Springs	Neck City	St. James
Carl Junction	Gallatin	Neosho	Salisbury
Caruthersville	Granby	Oronogo	Troy
Desloge (St. Joseph Lead Co.)	Jasper	Pacific	Warrenton
	La Grange	Piedmont	Washington
DeSoto	Lathrop	Pierce City	

Source—Surface Water

Boonville	Glendale	Richmond Heights	Uniondale
Butler	King City	St. Charles	Unionville
Cape Girardeau	LaPlata	Shelbina	University City
Clayton	Maplewood	St. Louis County	Valley Park
Clinton	Mexico	Shrewsbury	Warrensburg
Ferguson	Plattsburg	Union	Webster Groves
Glasgow	Pleasant Hill		

PUBLIC WATER SUPPLIES NOT APPROVED

Source—Ground Water

Alba(2)	Fairfax(2)(3)	*Lebanon(2)	St. Clair(2)(3)
Appleton City(2)	Forest City(2)(3)	Maitland(2)(3)	St. Francois(2)(3)
Belton(2)	Fredericktown(2)	Mansfield(2)	Skidmore(2)(3)

Cassville(2)	Hayti(2)	Noel(3)	Sweet Springs(2)
Desloge(1)(2) (Nat'l Lead Co.)	Hopkins(2)	Oregon(2)(3)	

Source—Surface Water

Grant City(1)(2)	*Lamar(1)(2)	Lexington(1)(2)	*Weston(1)(2)

* Constructing improvements to water supply.
(1) Not approved because of insufficient treatment.
(2) Not approved because of failure to meet the bacteriological standard.
(3) Not approved because of major structural defects.

SUMMARY

Public Water Supplies	218
Public Water Supplies Approved	136
Public Water Supplies Conditionally Approved	56
Public Water Supplies Not Approved	23
Public Water Supplies Not Rated	3

NOTE: The basis on which these supplies are classified is given below.

APPROVED: Indicates a public water supply which is satisfactory as regards construction, equipment, and operation, as determined by sanitary surveys, and one that supplies water safe from a bacteriological standpoint, as determined by analyses of samples at the State Board of Health Laboratories.

CONDITIONALLY APPROVED: Indicates a public water supply that from a bacteriological standpoint is safe but which has some sanitary deficiency in construction or equipment, such as no well top seal, open exposed reservoir, cross connections, bypass, emergency intake; or, in the case of water purification plant, no filters, inadequate mechanical equipment or lack of laboratory testing equipment. In most cases the authorities have been given a definite period of time to remedy such deficiencies and failure to accomplish this will result in complete disapproval of the water supply.

NOT APPROVED: Indicates a public water supply which, because of structural and equipment defects, poor operation, or unsatisfactory bacteriological analyses, is not safe for drinking purposes.

From the standpoint of preventive medicine, it is proper to regard an outbreak of typhoid fever as a reproach to the sanitation and civilization of the community in which it occurs.—Milton J. Rosenau, M. D.

A safe water supply is one of the fundamental necessities of municipal existence.—Chicago's Health.

Every case of diphtheria and every death therefrom is a direct challenge to our intelligence.—American Association for Medical Progress.

"Colds are contracted from other persons having colds, just as diphtheria is contracted from diphtheria."—M. J. Rosenau, M. D.

OF PUBLIC HEALTH INTEREST

The annual meeting of the Missouri Public Health Association will be held in Jefferson City May 4-6 inclusive. A number of outstanding public health administrators will address the meeting and an excellent program is being planned. The list of speakers will include Dr. J. T. Phair, Director, Division of Child Hygiene, Department of Health, Toronto, Canada, Dr. Felix Underwood, State Health Commissioner of Mississippi, Dr. Carroll P. Smith, Supervisor, Public Health Dentistry, Peoria, Illinois, Dr. M. P. Ravenel, Professor of Preventive Medicine, University of Missouri, and the Surgeon General of the U. S. Public Health Service or his representative. In addition to these speakers special clinical demonstrations in modern pediatric practices will be in charge of Dr. Wayne Rupe of St. Louis and Dr. O. F. Bradford of Kansas City.

A special Social Hygiene Institute for nurses will be conducted by Miss Edna Moore, a representative of the National Social Hygiene Association and the National Organization of Public Health Nursing. Miss Moore will give three two-hour lectures and demonstrations.

Special entertainment will be arranged for the wives of the health officers and other visiting women. The usual banquet and luncheons will be planned and it is hoped that this meeting will be a real public health rally where health workers may meet together for professional improvement and good fellowship.

The annual meeting of the Missouri Child Health Council will be held in Jefferson City on May 4, at 10 A. M. This Council is made up of representatives of fifteen state organizations which are concerned with the welfare of children. The purpose of the Council is to coordinate the child health work of all agencies and adopt common objectives which will thus lead to greater and more permanent accomplishments. The keynote of the Council's program for 1931 is "Community Responsibility and Cooperation for Child Health and Protection." One of the objectives of the State Council is the organization of local councilr along the same lines in order to promote better local cooperation in child health activities. The celebration of May Day as Child Health Day, with emphasis on the fact that May Day is the health inventory day for each community is another objective

of the Council. Dr. Irl Brown Krause, Director of Child Hygiene of the State Board of Health, is Chairman of the Council, and he will be glad to furnish information on the Missouri Child Health program to any group of interested citizens, upon application.

Through the cooperation of the County Court, the State Board of Health and various local agencies, Cooper County has secured the funds necessary for the establishment of a whole-time county nursing service. The program was sponsored by the local Tuberculosis Society and the Rotary Club, and was endorsed by the Cooper County Medical Society. The members of the Cooper County Court are to be commended for their foresight in providing this service for the citizens of their county.

Missouri is one of the states which will benefit from the two million dollars appropriation for health relief in the drought areas which was recently made by Congress. Fifty-five of Missouri's 114 counties are receiving agricultural aid from the Federal government at the present time, and of these 55, only nine have any type of whole-time health work now in operation. It is proposed by the State Board of Health that the remaining 46 counties be divided into five sanitary districts and that whole-time personnel be put in charge of each district. The district personnel would work closely in cooperation with the existing part-time health officers in the control of contagion and the promotion of health among the drought sufferers.

As preventive medicine cannot be carried further than the health departments can receive the cooperation of the masses, education of the masses becomes one of the most important functions of any health department.—H. Mason Smith, M. D.

The private home has inherent shortcomings for the care of the sick. It does not have sterilizers for disposal of infected wastes, separate baths and toilets, extra sleeping quarters for attendants, facilities for preparing special diets, or ready access to medicines. A trained staff of nurses and house physicians are not on call for emergencies. The home often has no facilities for protecting the well members of the family from contagion.—Chicago's Health.

COMPARISON OF COMMUNICABLE DISEASES REPORTED FOR THE MONTHS OF JANUARY, 1930 AND 1931

Disease.	1930	1931
Chickenpox	306	583
Diphtheria	174	272
Epidemic Sore Throat	14	22
Erysipelas	.....	1
Influenza	146	300
Malaria	22	3
Measles	219	6002
Meningitis	53	29
Mumps	91	89
Ophthalmia	3	4
Pneumonia	170	139
Poliomyelitis	.....	10
Rabies in animals	19	1
Scarlet Fever	416	987
Smallpox	210	190
Tetanus	1	.....
Trachoma	19	42
Tuberculosis	147	197
Tularaemia	4	6
Typhoid fever	17	26
Undulant fever	3	8
Whooping cough	140	114

NEGLECT OF THE PUBLIC HEALTH INCREASES TAXES

MISSOURI PUBLIC HEALTH NEWS

"The Welfare of the People Is the Supreme Law"

VOL. III MAY, 1931 NO. 9



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JAMES STEWART, M. D.

State Health Commissioner

JEFFERSON CITY, MISSOURI

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How Is Your Mind?



Devils were once blamed for mental illness. Next, "original sin" got the credit for such troubles, and then witchcraft came into the limelight and produced some of the most terrible examples of "man's inhumanity to man" that are recorded in history. Witchcraft gave way to the idea that mental troubles were nothing more nor less than "pure cussedness." Now we are sure that these troubles are usually "emotional jams," and that a proper mental training and outlook on life will prevent many of these misfortunes, while a sympathetic understanding and intelligent supervision will put many who have become the victims of too much mental pressure back in step with their associates.

That mental sickness is just as common and important a factor in our every day lives as physical illness is shown by the fact that forty-seven and five-tenths (47.5) per cent of the hospitals beds in the State of Missouri are devoted to the care and treatment of mental disorders. It is also startling to be

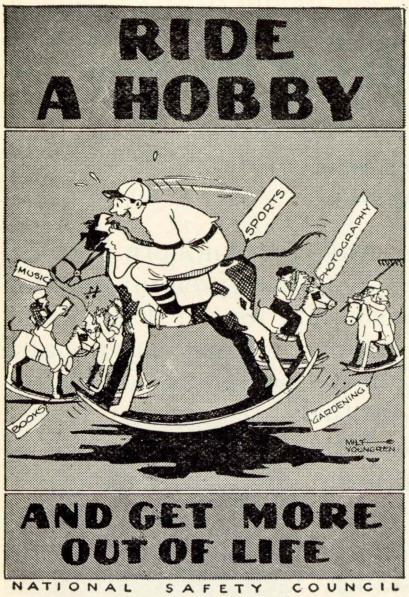
confronted with the fact that more people committed suicide in the state last year than died from typhoid fever, measles, whooping cough, and diphtheria combined, but this is exactly what happened. Six hundred and fifty-four people committed suicide, while six hundred and fifty-one died of the four diseases mentioned above. Suicide, or attempted suicide is one of many indications of mental illness. There are as many kinds of mental sickness as there are physical illness and mental disabilities vary as much in seriousness and in the kind of treatment needed as do physical disabilities.

Mental illness does not come on suddenly as we may be led to believe when we hear of a person who "suddenly went crazy." Behind such outbreaks is a long history of disappointments, thwarted ambitions, worry, and unhappiness which produced the disturbance when the mental pressure became too great for the individual to stand. Much of the trouble lies, not with the situation which the individual is forced to face, but with his early mental training and outlook on life. The person who has been brought up to believe that he has been modeled from especially selected clay and merits special consideration and privileges will break under the strain of adversity. It is never necessary to worry about an individual becoming mentally deranged when he takes the misfortunes, difficulties, and defeats of life standing up and, with grim determination and the light of battle in his eye, fights his way back to success.

The prevailing idea that when a person who once becomes mentally sick, remains so, is just as wrong as the idea that mental sickness comes on suddenly. Uncomplicated mental illness can frequently be cured if the victim is placed in the proper environment under proper supervision.

All of us are queer—the difference between the so-called normal person and the one who is considered mentally deranged is merely a matter of degree. In maintaining our mental balance, we must consider many things, among which are the following:

1. Life is a struggle in which our desires and ambitions are pitted against the many conflicting forces which affect or control our lives, and our personality reveals the reaction of the mind to this contest. What the result will be depends upon our mental training and outlook on life. Mental ill health is ignorance, or failure to consider certain principles of life and their relation to others, and inability to face facts.



2. There are varying degrees of mental ill health, just as there are degrees of physical illness, and we must be on the watch for signs and symptoms which warn of trouble, just as with physical illness. Physicians and laymen alike are apt to go over the house and then forget that anyone lives in it.

3. Study yourself and your needs. Remember that all of us need both mental and physical recreation. A hobby is an important and valuable form of mental relaxation. Few mental difficulties arise among people with hobbies.

4. It is a good idea to brush your mental teeth occasionally. Put yourself on the sidelines and then watch yourself go by once in a while. The information which you acquire may be helpful and may give you a cleaner outlook on life and its problems.

5. Exercise your mental equipment. Minds or muscles that are not used become incapable of use.—R. L. L.

Missouri Public Health News This Month

In cooperation with the Missouri Branch of the National Congress of Parents and Teachers, various phases of the subject of mental hygiene, especially child management and training, are featured in this issue of Missouri Public Health News. Authors have written the articles included in this issue at the request of Mrs. M. P. Overholser, Harrisonville, Missouri, who is Chairman of the Mental Hygiene Section, Missouri Branch of the National Congress of Parents and Teachers.

"The mental health of the nation is its greatest asset and mental hygiene is a vital part of preventive medicine."

The Objective of Mental Hygiene

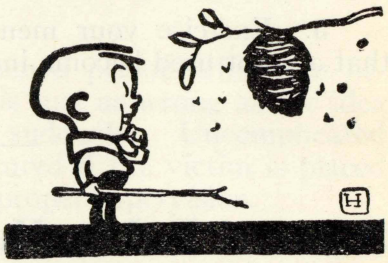
By

G. Wilse Robinson, M. D.

Kansas City, Missouri.

We are not cross, blythe, cowardly or stubborn because our parents or grandparents were. We have given up the idea that we are born with a certain personality for our dispositions are what they are because of the influence of our parents and surroundings. So, we can take full blame for our children's deficiencies and accept full credit for their attainments, we are probably responsible. Our mental beings must be developed to accomplish one thing—the happiness and ability of the individual to fit into life.

When a child is born into the world he has much to learn; in other words, he is constantly facing new situations which must be met and conquered, and he must mold his personality to meet them. Naturally, he is at the mercy of his adult friends, or they may be, his unconscious enemies. His habits begin forming from the first minute he breathes. A single misstep may lay the foundation for countless future woes. As he grows older, he is constantly facing new and more difficult situations. He is exposed to radios, motor cars, steam trains and household appliances that may be dangerous, to life and limb. The do's and dont's have increased so tremendously that unless we adults understand that the little mites are children who must learn many things by experience, our cause is lost. If we consider them helpless, the conditions that arise from this attitude may be much worse than the other. Try to understand the child and take the middle path—he will be a better man for it.



The don'ts have multiplied since we were children

Consider your child as a fellow-being; treat him as a person of intelligence; give him a chance to be himself; to develop perseverance, independence and what native ability he may have. Don't try to force him into something for which he does not have an aptitude. It is better to be a happy, conscientious and faithful ditch digger, than a dour, thwarted

lawyer. Try to guide him in the right direction. If the results are not forthcoming, interview yourself, and perhaps you will find the fault, not in Greatuncle John, but in the actions and sayings of Mother and Daddy. Remember, a child is very small—he may be uneasy around all adults—and, if he cannot understand you, he will never appreciate your advice. Understand, be fair and just; take him into the confidence of the family, and, above all, recognize his limitations. Do this from the beginning, and he will be happy and capable enough to attain satisfactory success.

HOME IS THE FIRST SCHOOL OF CITIZENSHIP



The Girl or Boy Who is
Clean Obedient Helpful at Home
Will Be
Clean Law-abiding Industrious in the Community

Nervous people, neurotic individuals, the insane and the criminal are beings who are suffering from exaggerated normal tendencies. We all have little quirks of personality that, if we would allow to become exaggerated, would label us as "queer" or different. Mental hygiene has, as its primary object, the early training of children, to prevent this exaggeration, and give the personality balance. This balance is attained by instilling confidence, self-respect, perseverance and emotional stability into the individual. The secondary object is to aid the individual to retain these characteristics in the face of any adversity. If a person has reached adult life with these important parts of his personality intact, this is much easier. No matter what the problem is; no matter how great the losses seem, if a man can struggle back with a smile and grim determination, we need not fear for his mental health. But if a personality is broken, it is seldom completely mended, and we are faced with a gigantic battle to return him to normal life.

The perception of the ludicrous is a pledge of sanity. A rogue alive to the ludicrous is still convertible.—Ralph Waldo Emerson.

The healthy personality has confidence without arrogance, humility without timidity; it holds for itself a high standard of constant growth toward greater health and usefulness.

—E. Lee Vincent, Hygeia.

WHY IS A SOREHEAD?

By

Thomas L. Cotton

Foreign Language Information Service, New York, N. Y.
Reprinted from the Mental Hygiene Bulletin.

Tony and his dad were taking a walk. It was a mid-winter Sunday afternoon; one of those few times father and son had together, with the rest of the family out of the way. At these times, Tony was likely to bring up things which had been bothering him since the last talk with his dad.

The sun was just dropping behind the hills; the painted sky and queer-shaped clouds found expression in the conversation of the hikers. Both had a love of beauty, especially the beauty they found in nature. One could enjoy such things without much effort.

Finally, Tony said: "Dad, it is hard to believe that men can live in such a beautiful world and do such awful things."

Dad turned to his boy's serious face and asked, "What awful things?"

"Well, the papers are full of this story about Joey Storelli, the kid who was kidnaped and killed. I can't understand how a man could treat a boy like that. What possible good could come of such a thing? I can see from the papers what happened, but the reason why the man did it—they don't mention that at all."

It just happened that Tony's dad had been bothered by the same question when the papers first printed the story of the man who had committed this crime. Here was a man who had killed a boy, apparently without any of the usual material reasons—no spite or revenge prompted the act, no money or advantage was to be gained. Dad's curiosity led him to ask his friend, Dr. Gvisperre, about it. The doctor had been able to set him right, so no time was lost when Tony put his question.

"Tony," said dad, "the only reason that I can see for such action is that the man is sick."

"But, dad," insisted Tony, "the papers have said nothing about his being sick. His pictures don't show it either."

"I don't mean that he has a physical sickness, like the stomach-ache or pneumonia. He is sick in his head, or mentally sick, as the doctors say. No doubt the man was ignorant of his illness. That is usually true of people with

sick minds. They don't realize their condition and it never occurs to them to go to a doctor. Often the only way to get them to a doctor is to have them locked up. We used to say that they were crazy, but now we know they are sick."

"Oh, I see, a fellow's brain can get sick just as his stomach does, but when his head gets sick he doesn't know it, like he does when his stomach aches. Is that why we call people who lose their temper easily 'soreheads'?"

"Yes, Tony, I reckon that's it. But if their heads get too sore they are like a car without a driver, and they crash into anything that gets in their way. They strike like a bolt of lightning; you never know where, before the thing happens. It's not easy to recognize a mentally sick person either. They usually look like anyone else, but their actions are usually a little strange."

"That's tough, dad. How is a kid to protect himself against such people? If such a person should try to kidnap me what should I do?"

"Well, Tony, it's not likely that you will ever see such a person. Sometimes we think there are more of them than formerly, but that is simply because there are more newspapers, and whenever a thing happens everybody knows about it. However, I would give you this advice: Never be too friendly to strange people; especially, do not let them touch any part of your body or get you into a room or place where you cannot get away. No matter how friendly a stranger may be, don't take any candy from him or let him take you to the movies. And that applies to women as well as to men. If you feel sure that a person is sick and there is a cop nearby, talk to him and he'll know what to do about it."

"Dad, it's great to be able to talk to you. This morning when I read about this thing I wanted to kill that man, but if he is sick he should be treated by someone who understands that kind of a sorehead. That's certainly a new idea to me."

"It is wiser and less expensive to save children than to punish criminals."

"Having now freed man from much or most of his ancient labors, the next great work for science is to make of this new freeman with 'time to think' a being who is happy, not because of the amazing things he owns, but because of the amazing things he can do and think."—John J. Davis, Secretary of Labor.

Child Guidance Makes for Better Men and Women

By

William Nelson, Director
St. Louis Child Guidance Clinic



The success and happiness of human beings is dependent even more upon understanding and controlling human conduct than it is upon a conquest of the more material things. Happiness in life depends in a large measure upon pleasant associations with those about us. The history of our lives is the result of our numerous contacts with family, fellow workers, friends and neighbors. The parent and the teacher are interested in the behavior of the children under their care for the learning of the child is sponsored by feelings, habits and attitudes that can be understood only when looked upon as modes of behavior. Both the home and the school have a high social responsibility as the children under their care are soon to become citizens, who are responsible for the public welfare. It is for this purpose of service that our democratic government has undertaken the training of children to such a large measure through funds derived from taxation, and if the future men and women are to be of the greatest help in the scheme of advancement, they are entitled to all the training facilities that enlightenment affords.

The education of the child begins with his early experiences, even before birth, according to some authorities, and thus the child brings something with it into the world. His earliest experiences arise out of so-called instincts or reflexes which are already prepared for action but need intelligent guidance. From the beginning of his career he is subjected to this mass of influences and habits through the sources supervising him and they are the foundation upon which the superstructure of human reaction is erected. As a consequence, schools have recognized that training for social effi-

ciency is of the utmost importance in the lives of all of us. Mental hygienists are attempting to give help to parents as well as to interpret to the children who are to become our future citizens the significance of the happenings in life, and it is this task that has been undertaken by the Child Guidance Clinic in St. Louis.

In the Child Guidance Clinic, the greatest emphasis is placed on education. Unfortunately, however, the accumulated experience of the child under the tutelage of the misunderstanding parent or teacher makes it necessary that curative, as well as preventive measures be inaugurated, so it is essential that aid in establishing mental health include direct treatment of the problems which already exist. Such problems as unusual fear, timidity, running away from home, truancy, lying, stealing, temper, tantrums, unusual jealousy, poor food, recreation and sleep habits, difficulties in school, etc., are dealt with in the Psychiatric Child Guidance Clinic. The analysis embraces the entire life history and experiences of the child in his home, at school, on the playground, in his club or gang activities, in his place of employment, etc., for no one can give competent advice upon the meaning or consequences of the behavior of any individual without a through study of the functioning of the individual as a whole.

The Psychiatric Child Guidance Clinic in St. Louis is a part of the public health program. It was established as a result of the wisdom of the National Committee for Mental Hygiene who, through money provided by the Commonwealth Fund of New York, has set up mental hygiene centers thoroughout the country, of which the one in St. Louis was their first. With the limited staff provided this clinic, it is impossible to meet the demands made upon it. With a staff of one psychiatrist, one psychologist, two social workers and a secretary, it is not feasible to consider the examination of more than two patients daily and carry on the necessary treatment of accumulating patients. This handicaps the work greatly and has resulted in the establishment of a large waiting list.

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"Just because children like sugar and candy does not mean they need it—children like to play with matches, too."

—Communicator.

———————

"One of the heaviest loads to carry is a bundle of bad habits."

INTELLIGENCE

Children have different kinds of minds. Some are bright, others are backward, some are quick but careless, others slow but sure, some make better use of their heads, others of their hands.

Things to Do

Give him playmates of his own age and ability.
When the child asks for information, answer him truthfully.
Explain in words he can understand.
Read to him, tell him stories, and encourage him to do the same.
Teach him to use his hands and his body as well as his head.
Encourage him to make things. Give him tools and materials and a place where he will not be disturbed.
Begin early to give him small responsibilities.
When possible, let him make decisions and take the consequences.

Things to Avoid

Don't show off a child in company.
Don't make fun of his reasoning.
Don't hurry a slow child.
Don't allow talk about a child's ability in his presence.
Don't compare children with each other.
Don't expect failure.

Remember

It takes a better mind to think and to do than merely to commit to memory.
The *use* one makes of his mind is more important than the *kind* of mind he has.

—Dr. Pratt in "Child Welfare."

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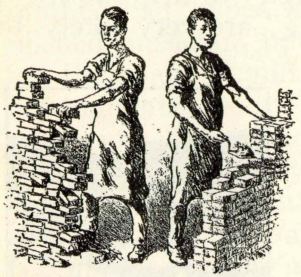
Perhaps the greatest weakness of human personality is the tendency to color the world about us so that it takes on the aspect of the world as we should like it to be.

—E. Lee Vincent, Hygeia.

Mental Hygiene for Parents and Teachers

By

Julia A. Kirkwood, Ph.D., Director
Department of Parent Education, Teachers College of Kansas City



The principles of mental hygiene are so applicable to the problems of child training that it is important that parents, teachers, or other adults concerned with the care and training of children understand them. The aim of mental hygiene is to develop well-adjusted personalities. The aim of child training is to guide the child's development, so that he will be well-adjusted to his environment and personalities in his environment at every level of his development.

1. *Learn to Interpret the Behavior of the Child.*

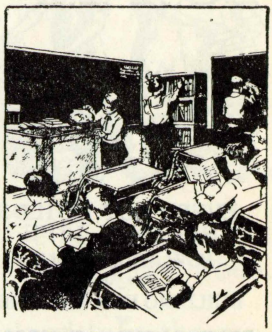
"We must interpret behavior rather than judge conduct." For example: Mary, age four and one-half, had been punished many times for playing in water. One day, her mother heard a noise in the kitchen and found Mary sprawled out on the kitchen floor, a basin upside down and water running in several directions across the floor. Beside the sink stood the kitchen step-ladder. The mother was greatly upset by the fact that Mary had disobeyed her and was playing in water again, and Mary was hurried upstairs to her own room and punished quite severely. The child tried to explain, but no explanations were allowed her, but several hours later the child's real motives came to light. She had watched her mother wash finger marks from the white woodwork in the bathroom. Mary had been out in the yard playing and her fingers had become quite dirty and she had then gone upstairs to play in her room without washing her hands. Soon she noticed black finger marks on the white woodwork of her room and remembering what she had watched her mother do, Mary had gone to the kitchen, helped herself to the basin and filled it with water to take to her room and "help mother" by washing the woodwork for her. Being only four and a half years of age, she could not balance the basin in her hands and

come down the step-ladder successfully. The result was just what her mother had found when she came into the kitchen.

How much better it would have been for the mother to have understood the situation before the punishment rather than after it! We find children imitating activities of adults, and this was what Mary was doing, and furthermore, she was aiming "to help mother". Mary should have been shown various ways in which she was big enough "to help mother", but punishment for attempts at "helping" are very likely to destroy this trait in the child.

2. *Give Attention to Good Behavior.*

In the schoolroom, or in the home, which child gets more attention from the teacher or parent? Is it the child who behaves well, or is it the child who misbehaves and disturbs others? The latter child receives most attention from teacher or parent. In other words, we put a premium on misbehavior.



GOOD CITIZENS AT SCHOOL
are

Regular	Obedient
Punctual	Honest
Neat	Courteous
Orderly	Helpful
Studious	Loyal

Frequently, both teacher and parent realize that they are glad a certain child is behaving well and accomplishing the tasks he should do, and appreciate the little things he does that show a spirit of helpfulness and cooperation. But too frequently their thoughts are kept to themselves and are not spoken to the child. But when the child misbehaves, neither parent nor teacher hesitates about expressing in words their reaction to the child's misbehavior. Parents and teachers alike should realize that frequently children misbehave simply as a means of attracting attention. We should commend children for their good behavior and thoughtful and considerate acts.

3. *Develop Habits of Independence.*

Too many children are being dressed or washed by adults, or having many other things done for them, when they should be able to do these things for themselves, and this is true not only in doing things, but in making decisions. A child should learn to depend on himself rather than on the teacher, parent, or other adult. The difficulties that many adults have in regard to making decisions or showing independence in other ways, goes back to a childhood when a parent or other adult made all decisions for them.

Young children can form the habit of making their own decisions. The matters about which he decides will be trivial ones; but more important is the fact that he is having practice in making decisions and developing the habit of independence.

4. *Allow the Child to Live His Own Life.*

Frequently, parents try to live over again in their children some unfulfilled ambition of their own life. Perhaps the mother had hopes and the ambition to become an accomplished musician, but family finances prevented her continuing the study of music for very long. She is determined that her daughter shall have every opportunity for a musical education. The child is prodded along, compelled to practice when she wishes to play outdoors and would be benefited far more by the sunlight and air. She has no interest and very mediocre ability along musical lines, but the mother insists on the child's having music lessons and practicing in order to carry out her own life ambition.

A boy may show real aptitude along mechanical lines, but his father, a professional man, insists on his son's following this same profession and refuses to provide a higher education that will train the boy for a career along mechanical lines, but will invest any amount of money in the boy's education if he will follow his father's profession.

It would be far better for the boy to proceed along lines of his own interest and ability and be a successful and happy engineer or mechanic than an unsuccessful and unhappy professional man. The responsibility is placed on parents and teachers of understanding each child as an individual, to study and analyze the child's interest and attitude and guide his development and training along lines that will make the most of his potential abilities.

5. *The Child's Need of a Feeling of Security.*

Every individual needs to have a feeling of security in regard to his place in his environment. Many of the things said and done by parents and teachers in their dealings with children tear down the feeling of security, which may have been partially built up. The child does something today that the parent or teacher disapproves of, but because the adult is feeling particularly well and happy, little, if any attention is given to the misbehavior. A week later, however, when the child behaves in exactly the same way, the adult who has had a headache all day, and has been upset by other happenings, meets the child's misbehavior with a severe form of punishment. Unreasonable, unjust, and inconsistent ways of

dealing with the child's behavior is one of the surest ways of undermining the child's feeling of security. Every child needs to have a feeling of security in regard to his home, school, and outside-of-home-and-school environment.

These are only a few of the important principles of Mental Hygiene that are applicable to child training. One must understand not only child development and the motives underlying child conduct, but the adult dealing with the child must understand his own conduct and its motives. As Hector Cameron has so aptly expressed it: "It is not by an analysis of the mental processes of our children that we shall expose the origin of faults of conduct, but rather by a careful and critical scrutiny of our own behavior to them and our own management of them."

MENTAL HYGIENE STUDY CLASSES IN THE SOUTHEAST MISSOURI PARENT-TEACHER DISTRICT

By

Mrs. Morrell DeReign, President,
Carruthersville.

A large per cent of the study classes in this district have made mental hygiene the topic for study the past year, and our classes are much pleased with the help they have received in dealing with such problems of childhood as jealousies, fears, anger, lying, stealing, disobedience. Parent-Teacher Packet No. 30 gives a common-sense discussion of everyday problems in child management. The suggestions offered could be understood and followed by parents in all walks of life, as no superior intellect and no wealth was needed by the parent earnestly seeking to know more about his job in order to do it better.

"Child Management," by Dr. D. A. Thom, and "Habit Training for Children," by Dr. L. G. Lowrey, proved the most popular pamphlets in this packet because common problems were discussed and solutions offered which parents felt to be real answers to their need. So much discussion and interest have resulted from the use of Packet No. 30 it seems likely there will be an increasing demand for this study, and for other presentations of mental hygiene during the coming year.

Mental Hygiene and Social Work

By
Jane M. Higgins, Executive Secretary
Kansas City Mental Hygiene Society



Case 1. Harriet is an attractive twenty-year-old with superior intelligence who was referred to a social worker for guidance by a business organization which preferred to have her studied instead of sentenced for her past misdeeds. The doctors had diagnosed her case as "psychopathic personality." She was not "crazy" and not feeble-minded, and so the problem that she presented could not be solved by placing her in an institution. She needed understanding and guidance because of the fact that she had two very distinct personalities.

The social worker to whom Harriet was assigned encouraged her to complete her high school work. This she did, doing two and one-half years' work in two years and, during this time, she lived in a home where her problem was understood. During the two years that she was in this home, her undesirable personality asserted itself in an attempted suicide, a departure from home followed by a telephone plea the next morning to be forgiven and taken back, and in four "alcoholic cokes" which sent her to bed with forgotten promises. Since graduation last spring, the social worker has secured two positions—not jobs—for her which have been lost because of drinking and pathological lying. Harriet cannot be killed off and so the social worker and a few relatives who are interested in her are still endeavoring to find an environment in which she will be happy and stable.

Case 2. It was necessary to make a widowed mother realize that she was not providing her twelve-year-old son with the opportunities necessary for a successful adult life because she permitted him to stay out of school with "sick headaches", or had him run errands to the homes of his

brothers and sisters when he should have been in school. If his health had been as poor as he pretended it was, he could have obtained a physician's certificate regarding his physical condition and the necessity for his many absences from school. As a matter of fact, this lad was all right physically. He preferred to pretend that he was sick rather than to take an arithmetic test which he could not pass because he had been absent from school so much. An ungraded school room and an enlightened mother successfully solved the problems of this case.

Case 3. Upon investigating the complaint that Mrs. A was neglecting her three young children, it was found that she was really the neglected one, since she needed hospital treatment and at least six weeks' convalescent care in order to be well and happy and properly resume her motherly tasks. Irritability, laziness, untidiness of home, children, and herself are often due to the mother's physical or mental breakdown, and in either case, medical attention is necessary.

Proper guidance throughout infancy and childhood should have prevented the development of these cases, and it should always be remembered that it is much easier and better to prevent than to cure such conditions. People seldom realize the difficulties encountered in readjusting individuals to so-called normal living, and these unfortunates are usually classified as freaks, misfits, or insane. Many of them are adults in years and are expected to show mature judgment when they really have only the mentality of a twelve or fifteen-year-old. Successful adaption to life is one of the principles of both mental hygiene and education and the three problems outlined above illustrate the importance of a knowledge of the principles of mental hygiene to the social worker.

HELPFUL BOOKS FOR PARENTS AND TEACHERS

1. Introduction to Mental Hygiene—Blanchard, Phyllis, and Groves, Ernest R., N. Y., Holt, 1930.
2. The Nervous Child, second edition—Cameron, Hector C.; London, Froude, Stoughter and Houghton, 1923.
3. The Healthy-Minded Child—Crawford, Nelson A., and Emnninger, Karl A.; N. Y., Coward-McCann, 1930.
4. Mental Hygiene—La Rue, Daniel W., N. Y.; Macmillan, 1927.
5. The Psychology of the Unadjusted School Child—Morgan, John J. B.; N. Y., Macmillan, 1924.
6. Mental Hygiene of Childhood—White, William A.; Boston, Little, Brown, 1920.

Mental Hygiene in the Work of a County Public Health Nurse

By

Miss Alice Finley, R. N.
Jefferson County Public Health Nurse

As soon as public health work was well organized in Jefferson County, a number of mothers expressed the wish for study courses which would help them in guiding the physical growth and mental development of their children. As a result of this widespread desire for such help, a number of study classes were organized in the county, many of them being formed in local parent-teachers associations.

"Child Management" by Dr. Tohm was used as the first textbook and proved very satisfactory. Many of the situations considered in this text were found to be everyday problems of these mothers, and they discussed among themselves the sensible way to handle these problems as they related to themselves and their children.

Two groups studied the pre-natal lectures presented to the public health nurses of the state at the last annual meeting of the Missouri Public Health Association by Miss Anita Jones of the Maternity Center. These two groups feel that they have received much valuable information from this course of study.

Two groups began the study of Parent-Teacher Packet No. 30 during the early part of this year. This is a course in mental hygiene which has been outlined by Dr. Pratt and these classes are enthusiastic over the information which they are obtaining on the child and his responses to treatment and surroundings.

None of these study classes are large, but those who once come to a class always return and frequently pass the word on to their neighbors. It is also noticed that frequently the mother who was most shy at the meeting is the one who is most conscientious in the habit training of her children. The promotion of child health work must rest on the intelligent understanding and interest of parents in preparing their children for the future and much is being accomplished along these lines in these study classes. There is always a remarkable change in the attitude of parents when they realize what

mental training means to the future of their children and, in many instances, the parents themselves have profited by the knowledge which they have acquired.

EDITOR'S NOTE: "Child Management" by Dr. Tohm may be obtained upon request from the State Board of Health, Jefferson City, Missouri, or the Children's Bureau, Washington, D. C.

Information regarding Parent-Teachers Study Packet No. 30 may be obtained from Mrs. Mary A. McKay, University of Missouri, Columbia, Missouri, or from Mrs. M. P. Overholzer, Harrisonville, Missouri.

The Work of the National Committee for Mental Hygiene

Written for Missouri Public Health News by Mr. Paul F. Komora,
Editor of the Mental Hygiene Bulletin.

EDITOR'S NOTE: The history of the mental hygiene movement in the United States begins with the case of Mr. Clifford W. Beers whose experience is related in his book, "The Mind That Found Itself." Mr. Beers was obsessed with a fear of epilepsy in early manhood which resulted in his mental derangement and commitment to an insane asylum for four years. His recovery brought with it a determination to secure wiser and more humane treatment for the mentally ill. As a result of his activities, the Connecticut Society for Mental Hygiene was organized on May 6, 1908, and this step was followed by the organization of the National Committee for Mental Hygiene, with headquarters in New York, in February 1909.

To change insane asylums into mental hospitals which look after the welfare of the mentally sick instead of serving merely as a dumping place in which the mentally deranged can be disposed of was the first activity undertaken by the National Committee for Mental Hygiene. Their activities along this line have helped to eliminate abuses, abolish jail and alms-houses custody as well as eliminating mechanical restraint and in carrying on these activities, the committee has helped to raise the standards of care and treatment of the mentally ill to a humanitarian and medical level. The problem of the feeble minded also came under the scrutiny of this committee in the early years of its work and they lent their influence to measures requiring the identification and registration of feeble minded, special training in public schools which is suited to their mental limitations, as well as community supervision to assist such people to become useful members of their communities. They also sponsored the provision of institutional care for the lower grades of feeble mindedness.

The activities of the National Committee in recent years have been directed toward the prevention of mental illness. They have sought to have the medical profession give more attention to the problem of mental diseases and

defects, as well as to the mental side of physical ailments; to point out to courts, penal, and correctional institutions the importance of considering the mental condition of offenders; to enlist the interest of employers in the mental and emotional factors of working efficiency, and establish among educators, teachers, and parents a point of view that recognizes instinctive and emotional, as well as intellectual factors, in the training of children. The committee has thus assisted those dealing with social problems to secure an insight into the mental causes underlying the difficulties of their charges, which enables them to prevent many serious tragedies, both for the individual and society.

The work of this committee is carried on by a number of divisions, each of which deals with a special phase of the problem. Probably its most important function is education through the dissemination of reliable information on mental hygiene and related subjects. It endeavors to inform the public regarding mental health principles and practices which will assist people to cultivate desirable habits and attitudes in themselves and the children under their care which will make them happy and efficient.

MENTAL HYGIENE LITERATURE AVAILABLE IN MISSOURI

The Missouri Library Commission, Jefferson City, will loan books on mental hygiene and allied subjects for two weeks. The borrower pays all postal charges and is obligated to return the books in good condition.

Mrs. Mary Asbury McKay, Department of Public Information, Extension Division, University of Missouri, will supply health packets and special leaflets on mental hygiene on the same terms, and will also supply Parent-Teacher Packet No. 30 as a loan packet for two months to parent-teacher study groups.

The outline for study to be used with Parent-Teacher Packet 30 may be obtained free of charge from Mrs. M. P. Overholser, Harrisonville, Mo.

The Missouri Society for Mental Hygiene, St. Louis, Mo., and the Kansas City Mental Hygiene Society, Kansas City, Mo., will be glad to supply information and suggestions.

MENTAL HYGIENE PUBLICATIONS.

The National 'Committee for Mental Hygiene, 450 Seventh Avenue, New York City, publishes a quarterly magazine, "Mental Hygiene" ($3.00 per year), and a monthly, "Mental Hygiene Bulletin" ($1.00 per year), as well as numerous pamphlets and other publications dealing with the subject of mental hygiene in all its ramifications. The Committee also distributes the most important works on mental hygiene and allied subjects issued by other publishers. Write for catalog and suggestions for reading.

The Committee offers selected "Packets" of mental hygiene literature, probably the most noteworthy of which is "Parent-Teacher Packet No. 30" ($1.12 postpaid), which is the basis of the study course "Children and Their Parents." This course is recommended to parents and teachers for group study by Dr Geo. K. Pratt, Mental Hygiene Chairman, National Congress of Parents and Teachers.

The Children's Bureau, U. S. Department of Labor, Washington, D. C., issues two admirable and helpful pamphlets, "Child Management", and "Are You Training Your Child to Be Happy?" Single copies of each of these will be sent to any address on request.

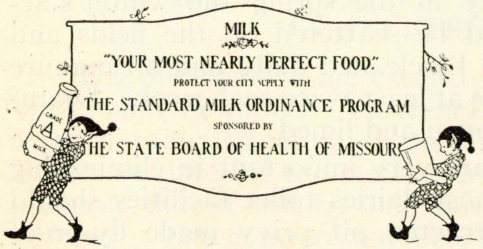
A series of "leters" "Helping Children in School" may be had by writing the Bureau of Education, Department of Interior, Washington, D. C. These are helpful for school, home and all future life.

The American Library Association puts out a series of booklets "Reading With a Purpose". One of these is "Mental Hygiene," by Dr. Frankwood E. Williams, Medical Director, National Committee for Mental Hygiene. He closes by recommending five books, chosen "to give a comprehensive review of the field of mental hygiene." These five books are:

(a) Social Aspects of Mental Hygiene—a symposium of lectures.
(b) The Problem Child at Home, M. B. Sayles.
(c) Everyday Problems of the Everyday Child, D. A. Thom.
(d) Outwitting Our Nerves, Jackson and Salisbury.
(e) Psychology of Insanity, Bernard Hart.

Valuable mental hygiene pamphlets may also be obtained free of charge from the Metropolitan Life Insurance Co., and from the John Hancock Life Insurance Co.

SPRING BRINGS PROBLEMS TO THE DAIRYMAN



Spring is with us again bringing grass that cuts the dairyman's feed bill and increases the flow of milk. The grass also makes the butter yellow and puts new life in the delivery horse, and generally adds to the joy of living but it also brings two serious problems to the dairyman that do not add to the joy of living, —sour milk, and flies.

Cooling Milk

Bacteria, those tiny plants that grow in milk and cause it to sour, grow very rapidly in warm milk but very slowly in milk cooled below 50° F. During the winter it was easy to cool milk below 50° F. and stop the growth of the bacteria, but as the weather gets warmer it is hard to cool the milk and keep it that way. There are many methods of cooling milk, and the method used is not so important as the results obtained but any method will require the use of ice or mechanical refrigeration. It is very easy to be fooled at this season of the year about the temperature of the milk, so the careful dairy will check the temperature of milk daily and make necessary changes in the cooling system.

The house wife should place the milk on ice as soon as it is delivered. It only takes a few minutes in the sun for good milk to become poor milk.

The Missouri State Board of Health Standard Milk Ordinance requires milk to be cooled to 50° F. within one hour after it is milked, and be held at or below that temperature until delivered.

Fly Control

No more serious problem confronts the dairymen than the elimination of flies from the dairy. Flies not only constitute a serious sanitary problem but annoy cattle and, in extreme cases, cause serious loss in milk flow. In ridding a dairy of flies, the first step is to rid the dairy of fly breeding

places. Flies commonly breed in animal excrement, spoiled silage, old hay or straw stacks and other accumulations of organic matter. Very early in the spring the winter's accumulation of manure should be scattered on the fields and plowed under. Lots should be cleaned daily and all manure should be carried to the fields at least twice each week. Drainage ditches should be kept open and limed.

Proper toilet facilities are very important in eliminating flies from the dairy. On most dairies toilet facilities should consist of a properly constructed pit privy made fly-proof with a concrete top or by banking the dirt from the pit around the building. The fly from the privy is always dangerous and every precaution should be taken to have all toilets absolutely fly proof.

Despite all precautions, some flies will develop or come from a neighboring farm. Lime will help keep flies out of the milking barn, and a good fly spray used in the barn a half-hour before milking time will kill the flies that have come in on the cows. Many dairymen have found fly traps valuable in keeping down the number of flies. Farmers' Bulletin No. 734, which can be obtained from county farm agents, or from the United States Department of Agriculture, describes a very satisfactory type of fly trap.

While it is usually not advisable to screen milking barns because flies will come in on the cattle, all openings to the milk house should be carefully screened and screen doors should be self-closing and should open outward. Milk utensils should be stored in the milk house and never outdoors where they can be contaminated by flies. No milk house should be without a fly swatter, as it is a most effective weapon in ridding the milk room of flies that escape other precautions.

The dairy inspector in cities that have the State Board of Health Standard Milk Ordinance do not tolerate flies on the dairies. Protect the family milk supply from flies by demanding a city milk supply protected by the State Board of Health Standard Milk Ordinance.—F. M. S.

Each person owes something to society at large, the minimum for healthy, normal persons being self and racial maintenance but for superior persons constructive contribution over and above that.—E. Lee Vincent, Hygeia.

MISSOURI WATER AND SEWERAGE CONFERENCE TO HOLD SEVENTH ANNUAL MEETING IN JEFFERSON CITY

The members of the executive committee of the Missouri Water and Sewerage Conference have decided to hold the seventh annual meeting of the Conference in Jefferson City. The exact dates of the meeting have not been fixed, but it is probable that it will be held sometime during the month of October. Those interested in water and sewage treatment plants will again have the opportunity of hearing and taking part in discussions on various phases of the work. It is the plan of the committee to allow more time this year for round table discussion of problems which are encountered in the operation of water and sewage treatment plants. If this part of the meeting is to be a success, it will be necessary for all of the members to come to the meeting prepared to tell of their problems and their solutions to operating difficulties. We would suggest that if you have had any difficulty or unusual situation that you make a note of it in order that it may be brought up at the meeting. It is not too early to make plans to be in attendance at Jefferson City next fall.

MISSOURI WATER AND SEWERAGE CONFERENCE NOTES

The Sixth Annual Proceedings of the Missouri Water and Sewerage Conference have been sent to the members. If you are a member and have not received your copy, please notify the secretary, Herbert Bosch, Jefferson City, Mo.

The new water purification plant at Lamar was recently approved by the State Board of Health following a final inspection. This modern plant replaces an unsatisfactory plant which was erected in 1888.

Richland has been added to the list of cities in Missouri which have municipal water plants. A water system utilizing a deep well was recently constructed by this progressive Pulaski County city and has been approved by the State Board of Health following a final inspection of the new system.

The city of Maryville plans to add an additional filter unit to its existing water purification plant. Plans for this proposed improvement have recently been approved by the State Board of Health.

———————

The State Board of Health has approved plans and specifications for a new sewage treatment plant at Sullivan. The new plant will replace an inadequate plant which has never yielded an effluent of satisfactory quality. An unusual feature of the new plant is that it will utilize a mechanical revolving distributor for applying the effluent of the Imhoff tank to the trickling filter.

———————

EMOTIONAL UNREST WORSE THAN FATIGUE.

Emotional influences that lead to buoyancy or depression are far greater factors in the volume of output by industrial workers than is the fatigue which results from physical effort. This, at least, is the conclusion drawn from efficiency tests made on employes in the service of the Western Electric Company.

A harsh foreman who frightens the employes under him will decrease the output of his department, and a quarrel at the breakfast table will have a corresponding influence over individuals who participate therein. Domestic infelicity and other outside influences are reflected in reduced production but the biggest factor affecting output through effects on the emotions is the attitude of employes toward the supervisor.

It was a surprise to discover that the emotional factor is a more important influence over production than physical fatigue. At the same time this experimental test indicated that a 15-minute mid-morning rest period with lunch and a 10-minute mid-afternoon rest period resulted in a material increase in production. Maybe these rest periods favorably affected the emotions.—Illinois Health Messenger.

COMPARISON OF COMMUNICABLE DISEASES REPORTED FOR THE MONTHS OF MARCH, 1930 AND 1931

Disease.	1930	1931
Chickenpox	548	448
Diphtheria	239	208
Epidemic Sore Throat	62	50
Influenza	145	540
Malaria	15	7
Measles	727	1,853
Meningitis	99	47
Mumps	256	168
Pellagra	0	1
Pneumonia	119	128
Rabies in animals	14	2
Scarlet fever	645	1,593
Smallpox	443	213
Tetanus	5	1
Trachoma	0	20
Tuberculosis	230	254
Typhoid fever	19	31
Whooping cough	219	107
Undulant fever	6	6

NEGLECT OF THE PUBLIC HEALTH INCREASES TAXES

MISSOURI PUBLIC HEALTH NEWS

"The Welfare of the People Is the Supreme Law"

VOL. III JUNE, 1931 NO. 10



Published Monthly by

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JAMES STEWART, M. D.

State Health Commissioner

JEFFERSON CITY, MISSOURI

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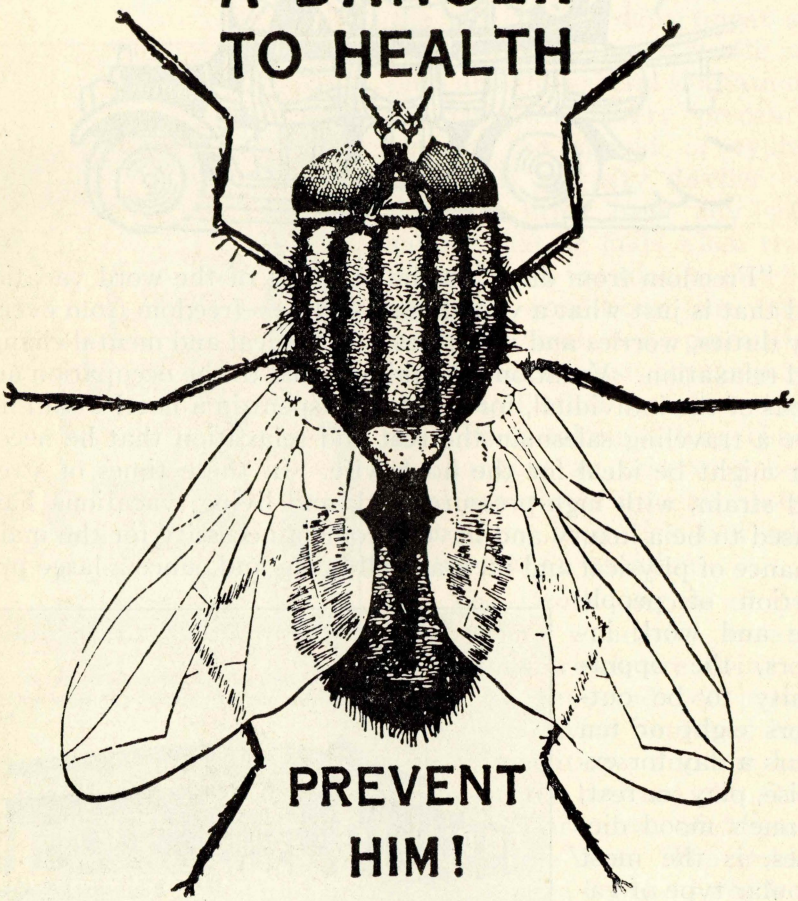
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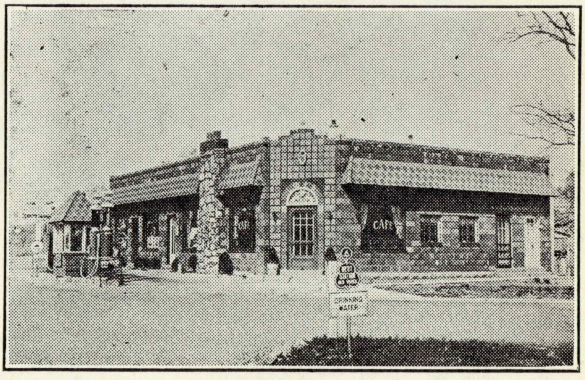
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WILL YOUR HEALTH TAKE A VACATION, TOO?



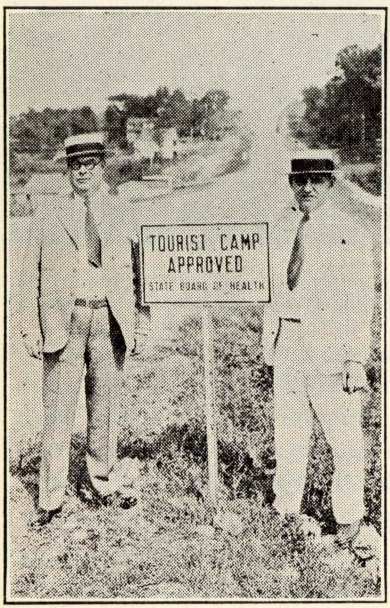
"Freedom from duty" is the meaning of the word vacation and that is just what a vacation should be—freedom from everyday duties, worries and vexations—a physical and mental change and relaxation. Vacations should be fitted to the occupation and needs of the individual, for a vacation spent in a hotel would not give a traveling salesman the rest and relaxation that he needs, but might be ideal for the housewife. In these times of stress and strain, with high-pressure work and living, vacations have ceased to be a luxury and have become a necessity for the maintenance of physical and mental well-being and, since a large proportion of people live and work indoors, the opportunity to be outdoors eight or ten hours a day for exercise, play, or rest, as one's mood dictates, is the most popular type of vacation. For the person who works indoors, such a vacation is the best sort of an invest-



Comfort stations having approved sanitary conveniences and safe drinking water, display the signs shown in the foreground of this picture.

ment in physical and mental health and will not pass dividends if the principal stockholder sees to it that the machinery of his body is maintained in good working order.

We take vacations for health's sake, but it is well to remember that health may take a vacation too if other health principles are ignored. A person can be placed in no more unfortunate or inconsistent position than to become ill while on a vacation, simply because he has ignored some of the principles of health safety. City dwellers, spending their vacations in resort areas, are apt to forget that they must take precautions against contracting typhoid fever and some of the other filth-borne diseases to which they give no thought in the city because the city health department surrounds their water and milk supplies and the general sanitation of the city with every precaution against the spread of typhoid fever. If the city dweller continues to drink from any water supply that he finds when transplanted to a vacation area where sanitary conditions are most primitive and few precautions are taken against contaminated water and other insanitary menaces, he is taking a long chance of changing an otherwise beneficial experience into an absence from duty in a sick bed while health takes a vacation.



Tourist camps approved by the State Board of Health display this sign by the roadside.

The Ozark section of Missouri offers wonderful vacation attractions which are being enjoyed by thousands of persons each year. With improved highways, better fishing, attractive accommodations, and the Lake of the Ozarks, (the largest body of water between the Great Lakes and the Gulf of Mexico,) the Ozark area of Missouri should become the playground of the Middle West. The problem of making this a safe and healthy resort area is one to which the State Board of Health has given considerable thought and work. This district has wonderful potentialities, but health conditions in this area must be carefully and scientifically protected, since an epidemic of disease would retard its development as a vacation region for many years.

The State Board of Health has established a definite program of protection for the tourist and earnestly solicits the cooperation of resort owners and vacationists in carrying it out. Many persons travel to resorts or camps by automobile who will make frequent stops for drinking water, and may spend a night or two at tourist camps on the way. For their safety and convenience, rest stations and tourist camps which meet the sanitary requirements of the State Board of Health are indicated by a standard highway marker, as shown in the illustration. All tourist camps which meet sanitary requirements are given a permit to operate, and the cities along state highways which have approved water supplies are indicated by a standard highway marker. For their own safety, persons traveling over highways should be careful to obtain drinking water or stay over night only at those places approved by the State Board of Health.



This sign is attached to highway markers at the edge of cities having water supplies approved by the State Board of Health.

The State Board of Health is also making regular inspections of the resorts in the Ozark region and these resorts are required to have a permit from the State Board of Health indicating that sanitary conditions are satisfactory. Lists of the resorts which have received permits are published in this issue of Missouri Public Health News or may be secured at any time by writing the State Board of Health at Jefferson City. The resort and camp program also includes regular inspections of Boy Scout, Girl Scout, Y. W. C. A., Y. M. C. A., and other organization camps. Be sure that the camp or resort you visit, or to which you send your child, has been inspected and received a 1931 permit from the State Board of Health indicating that the water supply is safe and general sanitary conditions are satisfactory.

Remember that when you take a vacation, your health must stay on the job, and if you safeguard your health, your vacation will be a success.—W. S. J.



To PARENTS

THE STATE BOARD OF HEALTH OF MISSOURI

and

THE MISSOURI STATE MEDICAL ASSOCIATION

are endeavoring to wipe out DIPHTHERIA. ALL children should be protected against this dangerous disease through the use of toxin-antitoxin or toxoid. This is a simple, safe and lasting procedure. If you have children who have not been protected,

BE WISE AND IMMUNIZE

James Stewart, M. D.
State Health Commissioner

W. C. Gaylor, M. D.
President, Missouri Medical Association

THE MISSOURI PUBLIC HEALTH ASSOCIATION HOLDS ANNUAL MEETING AT JEFFERSON CITY

With a varied program, including addresses by such leaders as Chancellor Lindley of Kansas University, who refreshed his audience with a simple but effective prescription for those symptoms of "shell shock" which are becoming all too common in modern life, the Seventh Annual Meeting of the Missouri Public Health Association, held in Jefferson City, May 4-6, was one of the most successful public health meetings ever held in Missouri and was attended by one hundred and fifty-six members of the association and seventy-seven guests. Chancellor Lindley's prescription included the following recommendations:

1. Cultivate an orderly mental state; avoid confused thoughts.
2. Have a wide range of normal healthy interests.
3. Have a proper response to the present; do not be unduly concerned over the past or the future.
4. Experience success; recognize the little victories in life.
5. Psychic hardening; develop more of the "never touched me" attitude.

Reverend Schwitalla, Dean of St. Louis University Medical School, very clearly outlined our aims in the promotion of child health and pointed out that they are threefold: First and foremost, those pertaining to the child himself; second, those aims which concern the professions that must carry out the child health work, and third, the plans which apply to the nation as a whole and its responsibilities to these other two.

The President of the Missouri Public Health Association Dr. Irl Brown Krause, in his address, stressed professional team work and emphasized the point that public health cannot progress until medical leaders and health administrators meet together to arrange the program of health conservation which the public is demanding.

Dr. E. F. Hoctor, in his paper on "The Prevention of Mental Disorders," discussed Eugenics as against Euthenics as a means of race improvement, and his conclusion was that the sterilization of the unfit does not offer what the principle of providing proper mental habits by the training of youth offers in the prevention of functional insanities.

Miss Edna Moore's Institute on Social Hygiene emphasized the importance of creating the right attitude towards sex as one of social hygiene's major problems.

Dr. H. E. Barnard, Director of the White House Conference, gave an inspiring resume of the White House Conference for Child Health and Protection at the annual banquet. He stimulated much enthusiasm for a similar conference in Missouri, and Governor Caulfield, who also addressed that meeting proceeded to make plans for a state-wide follow up along the lines suggested by Doctor Barnard.

Dr. James Stewart, State Health Commissioner, gave a report on the plans of the State Board of Health for health work in Missouri's drought area. The forty-five drought counties having no health service at the present time have been grouped into five health districts. A whole-time public health physician has been placed in charge of each district, and is being assisted by a public health engineer, a laboratory technician and five public health nurses. A general program of health conservation, with special emphasis on the control of typhoid, malaria, pellagra and the communicable diseases, is being planned.

Dr. A. W. Herington, Public Health Dentist for the State Board of Health, outlined his plans for dental health education which will be fitted into Missouri's existing health program. The dentists of Missouri are heart and soul behind the public health movement, and the Missouri Public Health Association was delighted to have as its guests both the president and the president-elect of the State Dental Society.

A luncheon meeting on Tuberculosis in charge of the Missouri Tuberculosis Association, and a dinner commemorating the fiftieth anniversary of the organization of the Red Cross were among the special features of the Conference.

Among the guests of the Association who attended the entire three-day session were eight public health nursing students from the Washington University School of Public Health Nursing, and representatives of the Auxiliary to the State Dental Association, the Missouri Congress of Parents and Teachers, the Missouri Federation of Women's Clubs and the Missouri League of Women Voters. Several county superintendents of schools also attended the entire session.

The following officers were elected for the coming year:

President	Dr. John W. Williams, Jr., Greene Co. Health Officer, Springfield.
1st Vice-President	Miss Phyllis Dacey, Supt. Visiting Nurses Ass'n, Kansas City.
2nd Vice-President	Dr. Leo FitzGerald, Health Commissioner, University City.
Secretary	Miss Pearl McIver, Supervisor, Public Health Nursing, State Board of Health.

Treasurer..... Mr. Herbert Bosch,
Assistant Public Health Engineer,
State Board of Health.

Representative on Governing Council of American
Public Health Association..... Dr. James Stewart,
State Health Commissioner.
Alternate—Miss Pearl McIver.

The section officers elected were:

HEALTH OFFICERS

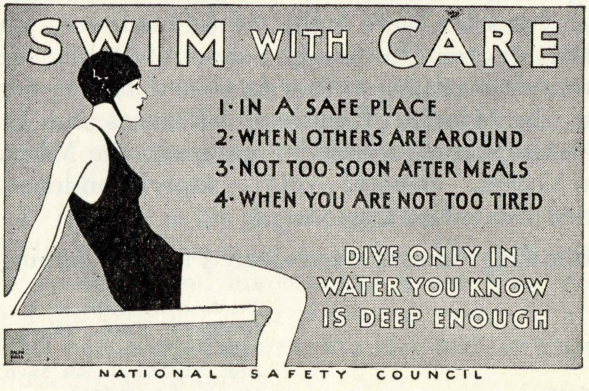
Chairman..... Dr. A. E. Platter,
Scotland Co. Health Officer, Memphis, Mo.
Secretary..... Dr. A. J. Drake,
Schuyler Co. Health Officer, Lancaster, Mo.

PUBLIC HEALTH NURSES

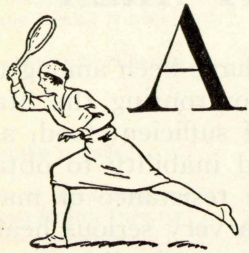
Chairman..... Miss Maud Tollefson, Chief Nurse,
St. Francois Co. Health Department.
Vice-Chairman..... Miss Virginia Huyett,
Carroll Co. Public Health Nurse.
Secretary..... Miss Rae Shirley,
District Public Health Nurse.

SANITARY OFFICERS

Chairman..... Mr. Ralph Fuhrman,
Assistant Public Health Engineer,
State Board of Health.
Secretary..... Mr. J. L. Kruegel,
Sanitary Inspector, St. Louis County.



VACATION HINTS



A VACATION should be a change of occupation, but not too radical a change in daily, personal habits.

In so far as possible, use the whole summer to recoup the winter's losses in vitality rather than try to do it all in an intensive two weeks.

The daily menu on the trip should at least approximate the meals to which one is accustomed at home.

A man of 50 cannot safely indulge in the sports of a boy.

Light clothing is desirable in hot weather, but a cool evening demands extra wraps.

Sufficient sleep is as important in summer as in winter.

The summer cold is as uncomfortable as the winter grippe and almost as dangerous. Avoid it.

Habits of decency should not be forgotten in the country any more than at home.

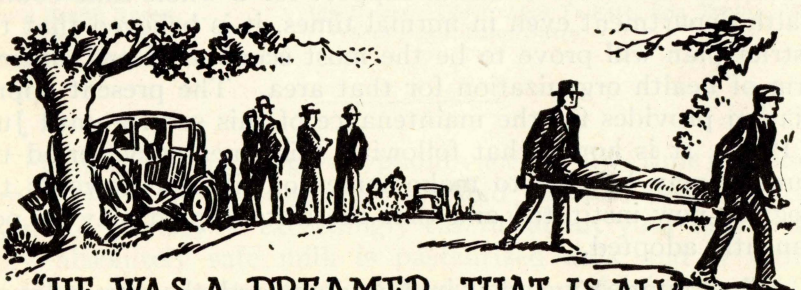
Look over the place where you propose to eat before ordering lunch. Untidy surroundings usually mean dirty people. Dirty people sell dangerous food.

Beware of wayside water supplies and farmhouse wells. Better carry a bottle of water from a safe source.

Accidents are bad enough at the best but are likely to be much more distressing when they occur far away from home.

Watch your step. Don't rock the boat. Unless you are a good swimmer, stay close to the shore. Avoid excessive sunburn.

Remember! Alcohol and accidents are often closely connected. Don't drive a car unless you are in full possession of all your faculties—and then only with great care.



"HE WAS A DREAMER—THAT IS ALL"

© A. P. H. A.

DISTRICT HEALTH SERVICE FOR MISSOURI'S DROUGHT AREA

Conditions due to the recent drought have been among the most important public health problems confronting the State Department of Health this year. Lack of sufficient food, and clothing, increased crowding in homes and inability to obtain needed medical service have, lowered the resistance of many people in the drought area and produced a very serious health problem.

To meet these problems the 71st Congress appropriated $2,000,000 to be used by the U. S. Public Health Service for health work in the drought areas of the country. Missouri has been allotted a share of that appropriation, and the money will be expended in those counties which were listed as "Farm relief" counties at the time the appropriation was made.

The plan of health promotion which has been adopted in Missouri consists in the establishment of five health districts. Each district is under the supervision of a trained public health physician, who is assisted by a public health engineer, a laboratory technician and five public health nurses.

Since every county in Missouri has a deputy state commissioner of health who is a physician approved by the State Board of Health, the program to be carried out in each county will be developed in accordance with the plans of the county health officer and in cooperation with the practicing physicians and dentists of that area. In general, the program will include measures for the prevention and control of communicable diseases, child hygiene and sanitation.

Since many of the counties included in this area would find it difficult to secure financial support for a whole-time county health department even in normal times, it is believed that the district plan will prove to be the most economical and efficient form of health organization for that area. The present appropriation provides for the maintenance of this service until July 1, 1932. It is hoped that following this emergency period the counties may be able to make some contribution towards the program now instituted and that the district plan may be permanently adopted.

The counties included in this plan, and the personnel assigned to each district, are as follows:

DISTRICT NO. I.

Counties included.....Bates, Vernon, St. Clair, Dade, Cedar, Polk, Dallas, Hickory, Benton.
District Headquarters.....Eldorado Springs.
Public Health Director.....Dr. E. K. Musson.
Sanitary Engineer.....Mr. L. O. Williams.
Public Health Nurses.....Gladys Blume, Chief; Rae Shirley, Winifred Bonham, Mary Dwyer, Victoria Blackburn.
Laboratory Technician.....

DISTRICT NO. II.

Counties included.....McDonald, Barry, Stone, Taney, Douglas, Ozark, Christian, Webster, Wright.
District Headquarters.....Ozark, Missouri.
Public Health Director.....Dr. Wm. F. Lunsford.
Sanitary Engineer.....Mr. Walter E. Casey.
Public Health Nurses.....Mrs. Ora Ann Rigby, Chief; Martha Kelley, Vera Jo Glenn, Beryl Kaigler, Lula B. Leonard.
Laboratory Technician.....

DISTRICT NO. III

Counties included.....Howell, Oregon, Texas, Shannon, Carter, Reynolds, Wayne, Ripley, Butler.
District Headquarters.....Van Buren.
Public Health Director.....
Sanitary Engineer.....
Public Health Nurses.....Edith Ross, Chief; Martha Sander, Rachel Wagenblast, Margaret Blee, Anne M. Simonis.
Laboratory Technician.....

DISTRICT NO. IV

Counties included.....Phelps, Laclede, Camden, Pulaski, Maries, Osage, Gasconade, Crawford, Dent.
District Headquarters.....Rolla.
Public Health Director.....Dr. D. T. Bowden.
Sanitary Engineer.....Mr. H. B. Martin.
Public Health Nurses.....Alice Finley, Chief; Frances Humphreys, Helen Rogers, Dorothy Deane, Avis Kellogg Wray.
Laboratory Technician.....

DISTRICT NO. V.

Counties included.....Washington, Iron, Madison, Bollinger, Perry, Ste. Genevieve, Stoddard, Cape Girardeau, Mississippi.
District Headquarters.....Flat River; Sub-headquarters—Jackson, Mo.
Public Health Director.....Dr. W. W. Johnston.
Sanitary Engineer.....Mr. M. C. Peterson.
Malaria Inspector.....Mr. G. W. Hayden.
Public Health Nurses.....Ida Bossard, Chief; Alice Vallette, Eda Toohey, Elizabeth Buser, Laura Sharp.
Laboratory Technician.....

Now is the time to give typhoid vaccine. Fly time is typhoid time. Swat the fly and take typhoid vaccine; build sanitary fly-proof privies; be exceedingly careful about your milk. The only absolutely safe milk is pasteurized milk and it rightly handled and kept after pasteurization. Avoid typhoid.—Georgia's Health.

Well-Known Facts That Aren't So

FOR some strange reason it seems much easier to learn things that are wrong. Misinformation is too common to be funny. Life is full of half-truths which, when they concern some important subject like our health, may be very dangerous indeed. It would help a great deal, if we should overcome our modern tendency toward snap judgments and guard against the temptation to make what we say emphatic regardless of what may be right.

Running water purifies itself is one of our oldest sanitary axioms—and yet the suggestion it carries is entirely wrong. Standing water purifies itself to a much greater degree and in a shorter time. Pollution consists almost entirely of solid material in particles of various sizes. In quiet water these particles settle out carrying most of the germs with them. Running streams keep themselves constantly stirred up and any pollution they receive is carried for a long time.

It is not wise, therefore, to trust water that comes from a pretty spring or waterfall. The only safe principle is not to drink from country supplies at all, or, if this cannot be avoided, to do so only after the water has been boiled.

Lemon juice is not a cure for freckles. Tan and freckles are apparently caused by the effects of light rays and are located in the deep layers of the skin. For this reason they cannot be removed by anything so mild as lemon juice.

Freckle creams should be used with care, if at all. Those that are really effective contain ingredients that eat off enough skin to get down to the freckles. It goes without saying that such treatment can lead to dangerous complications.

The quality of the skin is a reflection of cleanliness and bodily health which are by far the most effective and the least dangerous of all the aids to beauty.

Feed a cold and starve a fever is not good advice. The safest practice in all cases of illness, especially at first, is to be very sparing of solid food. This avoids the possible complication of an upset stomach and gives the doctor a better chance to make a correct diagnosis.

(To be continued)

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STATE HEALTH POSTER CONTEST HELD IN CONJUNCTION WITH THE ANNUAL MEETING OF THE MISSOURI PUBLIC HEALTH ASSOCIATION.

More than three hundred posters, featuring the requirements of the nine-point health button, were entered in the state health poster contest which was held in conjunction with the seventh annual meeting of the Missouri Public Health Association at Jefferson City on May fourth. Much originality and ingenuity was displayed in the selection and arrangement of the health messages displayed in these posters by the grade school children of the eighteen counties which entered this contest, making the selection of the three best posters on each subject no easy task. The winners, whose posters will be displayed by the State Board of Health at the State Fair at Sedalia, August 22-29, 1931, were:

CLASS A

(Pupils in grades V, VI, VII, VIII)

SUBJECT		MADE BY	COUNTY
Nutrition	1.	Lila Lee Conrad	Buchanan County
	2.	Carter Chapman	Jackson County
	3.	Lucille Falk	Saline County
Posture	1.	Archelous Turpin	Carroll County
	2.	Lucille Box	Randolph County
	3.	Elvin Davis	Buchanan County
Vision	1.	Benny Willis	Buchanan County
	2.	Leo Jackson	No address given
	3.	Jones Barntroger	No address given
Hearing	1.	Alvin Polk	St. Francois County
	2.	Roy John Schick	Miller County
	3.	Ralph Koch	Carroll County
Teeth	1.	Harland Smith	Buchanan County
	2.	Lillian Penberthy	St. Francois County
	3.	Peggy Jean Sturges	Greene County
Throat	1.	Frances DeRigne	Randolph County
	2.	Eugenia Housworth	Carroll County
	3.	Frank Speck	Jackson County
Diphtheria Immunization	1.	Milt Cook	Buchanan County
	2.	Billie Green	St. Francois County
	3.	Mary Louise Rosenbaum	Grundy County
Smallpox Vaccination	1.	Ellen Belle Harvey	Randolph County
	2.	Mable Louise Hawkins	Greene County
	3.	Jewell McGlenahan	Pemiscot County
Birth Registration	1.	Margaret Johnson	Pemiscot County
	2.	Louise Turley, Betsey Bonderant	Randolph County
	3.	Ida Speck	Jackson County

CLASS B

(Pupils in grades I, II, III, IV)

SUBJECT		MADE BY	COUNTY
Nutrition	1.	Kathleen Baldus	Jackson County
	2.	Ancen Vaughn	St. Francois County
	3.	Eugene Williams	Jefferson County
Posture	1.	Edgar DuBois	Buchanan County

	2.	Ellen Crawford	Carroll County
	3.	June Kalisch	St. Louis County
Vision	1.	Mary Squire	St. Francois County
	2.	Virginia Johnson	Buchanan County
	3.	Mary Margaret Street	Jackson County
Hearing	1.	Thelma Knight	St. Francois County
	2.	Helen Bullock	Carroll County
	3.	Wayne Russell	Greene County
Teeth	1.	Helen Louise Kern	Jackson County
	2.	Bethel Neeley	Pemiscot County
	3.	Betty Jane Weisenborn	Buchanan County
Throat	1.	Marjorie Rollins	St. Louis County
	2.	Lloyd Eaton	St. Francois County
	3.	Betty Lutz	Miller County
Diphtheria Immunization	1.	Pauline Bay	St. Francois County
	2.	Billy and Kenneth Sealock	Grundy County
	3.	Clyde Conrad	Buchanan County
Smallpox Vaccination	1.	Madeline Spencer	Miller County
	2.	Laird Richard	St. Francois County
	3.	Mary Mayer	St. Louis County
Birth Registration	1.	Billy Marshall	St. Francois County
	2.	Harry Smith	Buchanan County
	3.	Arline Oliver	New Madrid County

The counties represented in the contest were Buchanan, Carroll, Cole, Daviess, Gentry, Greene, Grundy, Harrison, Jackson, Jefferson, Miller, New Madrid, Pemiscot, Randolph, Saline, Scott, St. Francois and St. Louis. The judges who selected the wining posters were:

Mr. J. W. Becker.....Executive Secretary,
Missouri Tuberculosis Association, Chairman.
Miss Anna Heisler.....Washington University School of Public Health Nursing.
Mrs. A. B. McGlothlan.....Missouri Congress Parent-Teacher Association.
Miss Lucie Osborn.....State Department of Education.

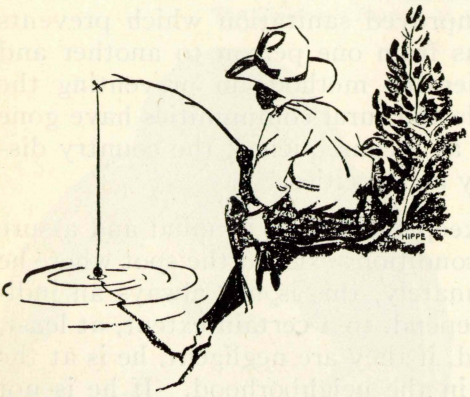
A PRAYER.

"Give me a good digestion, Lord,
And also something to digest,
Give me a healthy body, Lord,
With sense enough to keep it at its best.
Give me a healthy mind, Good Lord,
To keep the good and pure in sight,
Which, seeing sin is not appalled,
But finds a way to set it right.
Give me a mind that is not bound
That does not whimper, whine, nor sigh,
Don't let me worry overmuch
About the fussy thing called I.
Give me a sense of humor, Lord,
Give me the grace to see a joke;
To get some happiness out of life,
And pass it on to other folk."

—Author Unknown

VACATION TYPHOID FEVER

"Highly civilized communities have very little typhoid fever."



This quotation is not a compliment to the rural districts of the country, since typhoid fever is a rural disease. True, some cases of typhoid fever are found in the cities, but many of these cases get their infection in the country and bring it back to the city with them or the germs of typhoid fever are brought into the city from the country in milk or other food products. Anything as complicated as our modern civilization cannot be graded as high or low on a single condition and it is putting it rather strongly to say that the people in the rural districts of the country are not civilized because there is typhoid fever in these areas. Before drawing conclusions as to the state of civilization in rural areas, it might be well to consider the characteristics of typhoid fever. Typhoid is a disease of the digestive tract and typhoid germs leave the body of the victim in the bowel and bladder discharges and enter the body of the next victim by way of the mouth. This is not a pleasant thought, but it is impossible to ignore the fact that the amount of typhoid fever in a community depends upon how much diluted human excreta the citizens of the district are consuming with their food and drink. A case of typhoid fever, therefore, is an advertisement of the fact that someone has violated the rules of common decency and cleanliness and it would not be an exaggeration to say that a way of living which permits this sort of thing to happen again and again is, at least, a defective type of civilization.

Contrary to the popular idea, the country is not "healthier" than the city for, in proportion to the population, there are more cases of disease in the rural districts than there are in the larger cities. This has not always been true, for there was a time when there was a greater proportion of disease in the cities than there was in the country due to the fact that living conditions were about the same in the country and city, and diseases spread more

easily in the city where people were in close contact with each other. Under similar living conditions, there will always be more disease in the areas where the population is the greatest, therefore, the very existence of the cities depends upon their overcoming this natural advantage of the smaller communities through improved living conditions. They have met the challenge of typhoid fever by improved sanitation which prevents the transfer of typhoid germs from one person to another and they have used the best scientific methods in preventing the spread of other diseases, while the rural communities have gone on in the same old way and, as a consequence, the country districts are no longer as healthy as the cities.

The vacationist should keep these facts in mind and assure himself that proper sanitary conditions exist in the spot where he spends his holiday. Unfortunately, this is not always an individual matter and he must depend, to a certain extent, at least, upon the local authorities and, if they are negligent, he is at the mercy of any typhoid germ in the neighborhood. If he is not familiar with health conditions in the place where he spends his vacation, he can be certain of his personal safety by using the same method that protected millions of soldiers during the World War—typhoid immunization. The expense is not great, there is very little discomfort attached to the process and your family physician will do it for you.—R. L. L.

VACCINATE—SANITATE AND STAMP OUT TYPHOID FEVER

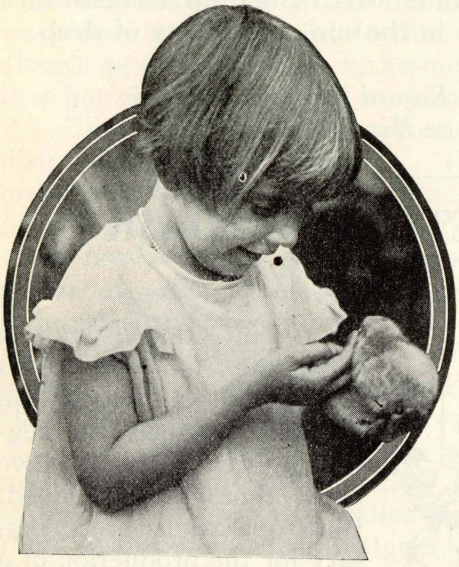
Plague visited the city of Vienna in 1679. All business was suspended. Stores and shops stood deserted. Illness seized people in the streets. A woman singing as she prepared a meal was stricken. Seventy-six thousand people died in that city in one year.

During an epidemic in New Orleans an old priest, who aided in the gigantic task of caring for the sick and the dead, described in a letter the horror of that time. He visited one household of eight people in the morning. "Before night," wrote the priest, "every member of the family was dead."

In those days cities had no health departments.—Chicago's Health.

OUT OF BABYHOOD INTO CHILDHOOD

Prepared by
The Children's Bureau, U. S. Department of Labor



Half-yearly examinations.—When the doctor examines your child (at least twice a year) he not only will look for signs of disease but will see whether the child's nutrition is good, his body developed normally, and his posture correct.

With the child completely undressed, the doctor will observe his posture, weigh and measure him, examine his head, eyes, nose, mouth, throat, ears, heart, lungs, abdomen, genitals, back, arms, legs, and feet. He will ask about his food and his habits of eating, sleeping, exercise, and elimination. He will compare his weight and height with the average weight and height for children of his age. (During the preschool years the average child gains annually about 5 pounds in weight and nearly 3 inches in height, but all children do not gain at the same rate.)

At the dentist's half-yearly examination he will clean the teeth and fill any cavities. The "baby teeth" need home care and the dentist's care just as much as the permanent teeth. The first permanent teeth (the "six-year molars") usually appear in the sixth year.

Protection against communicable diseases.—The doctor can prevent certain diseases. He can vaccinate the child against smallpox and immunize him against diphtheria and against typhoid fever. Every child should have this protection. The child should have been vaccinated before he was 1 year old, and he should be vaccinated again before entering school. When he was 6 months old or soon after he should have been immunized against diphtheria. Six months later he should be given the Schick test, which shows whether he needs a second immuniza-

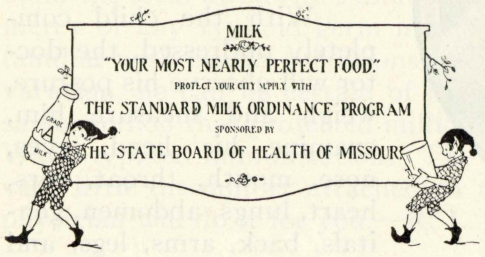
tion. When he is about to enter school he should have the Schick test again, to see whether he is still immune from diphtheria. If a case of typhoid fever is found in the neighborhood or if your child is to travel have him immunized against this disease.

The child may get other communicable diseases—common colds, measles, whooping cough, tuberculosis, scarlet fever, and infantile paralysis. To protect him against these keep him away from all sick persons, and out of crowds. Build up his resistance with a good diet, outdoor play in the sun, and plenty of sleep.

Teach the Child to Regard the Doctor and the Dentist as His Friends

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THE DISINFECTION OF DAIRY UTENSILS



Disinfection is not a substitute for cleanliness nor should the disinfection of dairy utensils be neglected because they have been thoroughly cleaned. Both operations are necessary for the production of a safe, clean milk of good keeping quality. Thorough cleaning by the three-step method comes first. This consists of a pre-rinse, a thorough scrubbing with an alkaline washing compound and an after-rinse to remove all traces of the alkaline washing powder. Only after such treatment are dairy utensils ready for disinfection. The three methods of disinfection which are approved by the State Board of Health Standard Milk Ordinance are hot water disinfection, steam disinfection and chemical disinfection.

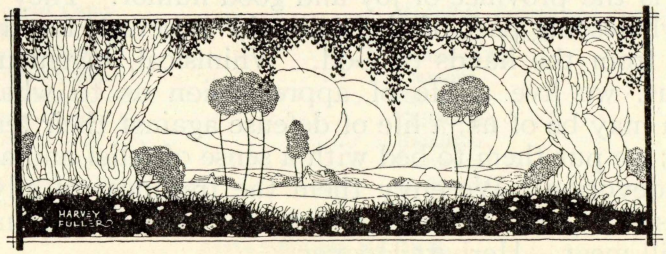
The hot water method of disinfection is most satisfactory when properly done but the pouring of hot water over a milk utensil, as is frequently done, is not disinfection. The utensil must be completely immersed for from two to five minutes in water of a temperature of over 170 degrees Farenheit in order to disinfect it. It is seldom practical to heat enough water for hot water disinfection of the utensils in a dairy plant without a boiler and when the dairy equipment includes a boiler, it is easier and cheaper to use steam disinfection. Hot water disinfection is often successfully used for the disinfection of milking machines and other special purposes in the milk plant.

Steam disinfection is the method most widely accepted by sanitarians and generally employed in the larger dairies. Milk cans and similar utensils are disinfected by the use of a jet of steam while bottles, strainers and other utensils which might be damaged by a steam jet are disinfected in a steam cabinet. The temperature of the steam cabinet should be above 170 degrees Farenheit and articles must be held in the cabinet at this temperature for fifteen minutes to disinfect them. Guess work does not mean disinfection and the steam cabinet should always be equipped with a thermometer in order to be sure that it is hot enough to do the work for which it is intended.

Chemicals have been used extensively in recent years for the disinfection of dairy utensils. There are now many chemical disinfectants on the market which contain chlorine as the disinfecting agent but some authorities still object to the use of these products because there is some doubt as to whether the germs of tuberculosis are killed by chlorine disinfectants of ordinary strength. For effective disinfection by the chemical method, dairy utensils must be immersed for at least two minutes in cool water (under 100 degrees Farenheit) which contains from 50 to 100 parts per million of free chlorine.

It is often desirable to use a combination of two or more methods of disinfection. Many dairymen add chlorine to the water used to rinse the bottles after washing and then disinfect them again in the steam cabinet. It is also a common practice to disinfect cans immediately after cleaning with a steam jet and then to rinse the cans at milking time with a chlorine solution. Careful disinfection of all dairy utensils by any of the three accepted methods will add to the safety and keeping qualities of the milk.

The State Board of Health Standard Milk Ordinance requires proper disinfection of all dairy utensils. Ask your health officer if the milk supply of your city is protected by the Standard Milk Ordinance.—F. M. S.



MENTAL HYGIENE

Contributed by Mrs. M. P. Overholser, Chairman Mental Hygiene,
Missouri Branch National Congress of Parents and Teachers.

SUCCESS OR FAILURE IN THE CLASSROOM

Teaching, particularly in the elementary grades, is primarily the gradual adjustment of a group of individualists to one another, and to the idea of playing and working together. Success in the imparting of information will depend largely upon how well this adjusting is done. In fact, the best teaching is impossible in any grade or with any group without some understanding of mental hygiene and the meaning of the child's attitudes, failures, success, interest, or indifference, in terms of the earlier determining influence in his life and of the present effect of home life as well as school upon his behavior. John's failure in arithmetic, his favorite subject, may be due to laziness, or it may be due to upset over the arrival of the new baby. Mary's indifference to geography may result from stupidity, or from the fact that Sister Helen is particularly good in that subject, and knows it. Henry's truancy may mean boredom, or a violent dislike of the teacher, or the presence of a stepmother and misunderstanding at home.

Whether or not you are able to teach even the average child the routine subjects of the curriculum with moderate success depends more completely than the average teacher dreams upon his emotional adjustment to school, teacher, and classmates, and upon the relations existing between him and the various members of his family group.—Jessie Taft, Ph. D. in Mental Hygiene.

We approach all problems of children with affection. Theirs is the province of joy and good humor. They are the most wholesome part of the race, the sweetest, for they are fresher from the hands of God. Whimsical, ingenious, mischievous, we live a life of apprehension as to what their opinion may be of us; a life of defense against their terrifying energy; we put them to bed with a sense of relief and a lingering of devotion. We envy them the freshness of adventure and discovery of life; we mourn over the disappointments they will meet.—Herbert Hoover.

TOURIST CAMPS AND RESORTS LOCATED ON STATE AND U. S. HIGHWAYS WHICH ARE APPROVED BY THE STATE BOARD OF HEALTH OF MISSOURI

Following is a list of camps and resorts located on State and U. S. Highways in Missouri which have been approved and received permits for the year 1931. This list includes all camps and resorts to which permits were issued prior to May 20th. The permits are issued to indicate approval of water supply, sewage and garbage disposal, and general sanitary conditions.

TOURIST CAMPS AND RESORTS ON STATE AND U. S. HIGHWAYS

State Highway No. 1

Bungalow Park.....Savannah
Phillips Downtown Camp.....North Kansas City

State Highway No. 4

Clearwater Beach Resort.....Rushville.
Lakeview Resort.....Rushville.
Lake Contrary Park.....St. Joseph.
Log Cabin Camp.....Bethany.

State Highway No. 8

Log Cabin Inn.....Shirley.

State Highway No. 9

Moore's Tourist Camp.....Tarkio.

State Highway No. 13

Camp Joy.....Willard.
Twin Rivers Camp.....Springfield.

State Highway No. 16

Neosho Tourist Camp.....Neosho.

State Highway No. 18

Moore's Tourist Camp.....Tarkio.
Mutz Tourist Camp.....Maryville.

State Highway No. 33

Taylor Tourist Camp.....Plattsburg.

U. S. Highway No. 36

Hannibal Tourist Camp.....Hannibal, Fourth and Church Streets.
Fiblesville Tourist Camp.....Hannibal (11 mi. W.).
Graham Tourist Camp.....Monroe City
Renner's Tourist Camp.....Clarence
Ever Green Cottages.....Brookfield.
Beacon Tourist Camp.....Chillicothe.
Bungalow Camp.....Hamilton.
De Luxe Cottage Camp.....Cameron.
J. W. Weiss Tourist Camp.....St. Joseph.
Shady Lawn Camp and Resort.....St. Joseph.

State Highway No. 38 N

Tourist Lodge.....Carthage.

U. S. Highway No. 40

Smith Brothers' Tourist Camp	St. Louis, 7500 St. Charles Rock Road.
Playground Camp	Wright City.
Little Village Camp	Wright City (2½ mi. W.).
Sun Set Camp	Warrenton (2½ mi. W.).
Log Cabin Camp	Danville.
Boone's Lick Lodge	Williamsburg.
Living Spring Camp	Mineola.
Lay's Tourist Camp	Kingdom City.
Eastville Camp	Kingdom City (5 mi. W.).
All States Tourist Camp	Columbia.
Cozy Tourist Camp	Columbia.
Log Cabin Camp	Columbia (7 mi. W.).
Bell's Lake Tourist Camp	Columbia (13 mi. W.).
Bill's Tourist Camp	Boonville (3 mi. E.).
Dew Drop Inn Tourist Camp	Boonville (10 mi. W.).
Grandview Station and Camp	Boonville (14 mi. W.).
Pipertown Tourist Camp	Marshall Junction (4 mi. E.).
Midway Tourist Camp	Sweet Springs.
Motor Inn Camp	Sweet Springs.
Dircks' Cabins	Sweet Springs.
Shady Rest Camp	Concordia.
Fortyville Camp	Mayview.
Lake Venita-on-the-Highway	Odessa.
Log Cabin Park	Odessa.
Dearick's Camp	Odessa (4 mi. E.).
U-Need-A Camp	Bates City.
Sni-A-Bar Inn Tourist Camp	Jackson County, Highway 40 and Lees Summit Road.
Twin Springs Tourist Camp	Leeds (3 mi. E.).
Wide Awake Inn Tourist Camp	East of Blue Ridge, Jackson County.
U-Smile Camp No. 2	Kansas City (8 mi. E.).
U-Smile Camp	Kansas City (2 mi. E.).
Oaks Tourist Camp	Kansas City (2 mi. E.).
Mountain Side Camp	Kansas City (1 mi. E.).
Dutch Mill Tourist Camp	Kansas City (2 mi. E.).

U. S. Highway No. 50

Des Peres Tourist Camp	Des Peres.
Jack's Tourist Camp	Des Peres.
Jefferson City Tourist Camp	Jefferson City, 1800 E. McCarty Street.
Port Sunlight Tourist Camp	Kansas City (2 mi. E.).

U. S. Highway No. 54

Fulton Tourist Camp	Fulton.
Red Star Tourist Camp	Eldorado Springs.
Tourist Court	Nevada.

U. S. Highway No. 60

Camp Cody	Rogersville.
Half-A-Hill Tea House Resort and Camp	Springfield (6 mi. S.).
Blue Moon Tourist Camp	Springfield.
Log Cabin Camp	Springfield.
Turner's Service Station and Camp	Springfield.

U. S. Highway No. 61

Shaw's Tourist Camp	Hannibal, 2927 St. Mary's.
Smith Brothers' Tourist Camp	St. Louis, 7500 St. Charles Rock Road.

U. S. Highway No. 63

Highland Park	Kirksville.
Gaughan Tourist Camp	LaPlata.
El Hogar	Moberly.
All States Tourist Camp	Columbia.
Jefferson City Tourist Camp	Jefferson City, 1800 E. McCarty Street.
Schuman's Cottage City	Rolla.

U. S. Highway No. 65

Beacon Tourist Camp	Chillicothe.
I-No-U Camp	Sedalia.
Bell Tourist Camp	Fair Grove.
White City	Springfield.
Cream City Camp	Springfield.
Blue Moon Camp	Springfield.
Cozy Court Camp	Springfield.
Half-A-Hill Tea House Resort and Camp	Springfield (6 mi. S.).
Turner's Service Station and Camp	Springfield.
Log Cabin Tourist Camp	Springfield.
Karchmer Camp	Springfield.
Galloway Tourist Camp	Galloway.
Sinclair Pennant Station and Camp	Ozark.
Camp Roark	Branson.
Sharp's Lakeside Cabin Camp	Branson.
Allendale Tourist Camp	Branson.
Sammy Lane Park	Branson.
Des Peres Tourist Camp	Des Peres.
Jack's Tourist Camp	Des Peres.
St. James Inn	St. James.
Eagle Tourist Park	St. Clair (2 mi. E.).
Bee Hive Inn	Stanton.
Green Gables, The	Stanton.
Cedar Crest Camp	St. Clair.
Stanton Tourist Camp	Stanton.
Scully's Tourist Camp	St. Clair (2 mi. E.).
Sloss Tourist Camp	Bourbon (3 mi. SW.).
Plainview Camp	Bourbon.
Ozark Inn	Bourbon.
Cozy Cottage Camp	St. James.
Kelly's Tourist Camp	St. James (1½ mi. W.).
Schuman's Cottage City	Rolla.
Johnson's Tourist Camp	Rolla.
Beaver Valley Camp	Rolla (4 mi. W.).
Duck Inn Camp	Rolla (3 mi. W.).
Centerville Camp	Rolla (7 mi. W.).
Sunkist Camp	Rolla (8 mi. W.).
Elder Grove Camp	Rolla (8 mi. W.).
Arlington Tourist Camp	Arlington.
Tater Hollow Resort	Arlington.
Hill Top Rest	Arlington (3 mi. W.).
Hawkins Tourist Camp	Rolla.
Midway Tourist Camp	Lebanon (12 mi. E.).
Jimmy O'Brien's Place	Marshfield (8 mi. E.).
Sinclair Pennant Station	Marshfield.
Davison's Tourist Camp	Marshfield.
Brown's Camp	Marshfield (4 mi. W.).
Lurvey's Tourist Camp	Strafford (4 mi. E.).
Richardson's Tourist Camp	Strafford.
Morris Service Station and Camp	Strafford.
In-S-Ko Camp	Strafford.
Stacy Camp	Springfield.
White City	Springfield.
Karstien Camp	Springfield.
Herndon Camp	Springfield.
Green Mills Tourist Camp	Springfield.
Cozy Court Camp	Springfield.
Rainbow Garden	Springfield.
Hayes Service Station and Camp	Springfield.
Scott's Camp	Springfield.
Woody Service Station and Camp	Springfield.
Lurvey's Camp	Springfield.
Log Cabin Service Station and Camp	Springfield.
De Luxe Camp	Springfield.
Lilley Spanish Camp	Springfield (2 mi. W.).
Red Bird Motor Camp	Springfield (4 mi. W.).
Peck Camp	Springfield.

Camp Rose	Springfield (12 mi. W.).
Gay Parita Camp	Halltown (3 mi. W.).
Log City Camp	Bowers Mill.
Shady Side Camp	Bowers Mill.
White Oak Camp	Avilla (1 mi. E.).
Forest Park Inn	Avilla (3½ mi. E.).
Plainview Camp	Carthage.
Taylor Park Tourist Camp	Carthage (1 mi. W.).
Linger Longer Camp	Webb City.
Cottage Inn Camp	Joplin.
De Luxe Tourist Camp	Joplin, 704 Connor Street.
Warren Tourist Camp	Joplin, 630 McKinley Street.

U. S. Highway No. 71

Courtesy Court	Maryville.
Bungalow Park	Savannah.
Star Cottage Camp	St. Joseph, 22nd and Garfield.
Old Dutch Mill Camp	Nashua.
Phillips Downtown Camp	North Kansas City
Camp Comfort	Kansas City (1½ mi. S.).
Lee Erb's Tourist Camp	Hickman Mills.
Pate's Tourist Camp	Hickman Mills.
Davis Bros. Tourist Camp	Harrisonville.
Gray's Cabin Camp	Butler.
Sun Set Tourist Camp	Butler.
Ikenberry Tourist Camp	Adrian.
Maplewood Cabin Camp	Sheldon.
Taylor Park	Carthage (1 mi. W.).
Linger Longer Camp	Webb City.
Cottage Inn Camp	Joplin.
Powell's Camp	Neosho (8 mi. N.).
Neosho Tourist Camp	Neosho.

U. S. Highway No. 169

Old Dutch Mill	Nashua.
Happy Hollow Camp	Gower (5 mi. S.).
Log Cabin Camp	Bethany.
Phillips Downtown Camp	North Kansas City.



COMPARISON OF COMMUNICABLE DISEASES REPORTED FOR THE MONTHS OF APRIL 1930 AND 1931

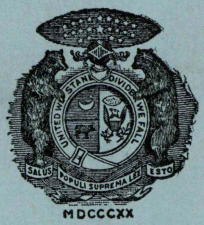
Disease.	1930	1931
Chickenpox	279	317
Diphtheria	149	121
Epidemic Sore Throat	14	16
Erysipelas	1	0
Influenza	29	159
Malaria	26	7
Measles	1,408	2,036
Meningitis	96	52
Mumps	207	157
Ophthalmia	3	1
Pellagra	1	0
Pneumonia	59	131
Rabies in animals	1	3
Scarlet fever	395	1,407
Smallpox	164	213
Tetanus	1	1
Trachoma	25	82
Tuberculosis	226	251
Tularaemia	0	1
Typhoid fever	54	7
Undulant fever	0	8
Whooping cough	389	160

NEGLECT OF THE PUBLIC HEALTH INCREASES TAXES

MISSOURI PUBLIC HEALTH NEWS

"The Welfare of the People Is the Supreme Law"

VOL. III JULY, 1931 NO. 11



Published Monthly by

THE STATE BOARD OF HEALTH OF MISSOURI

JAMES STEWART, M. D.

State Health Commissioner

JEFFERSON CITY, MISSOURI

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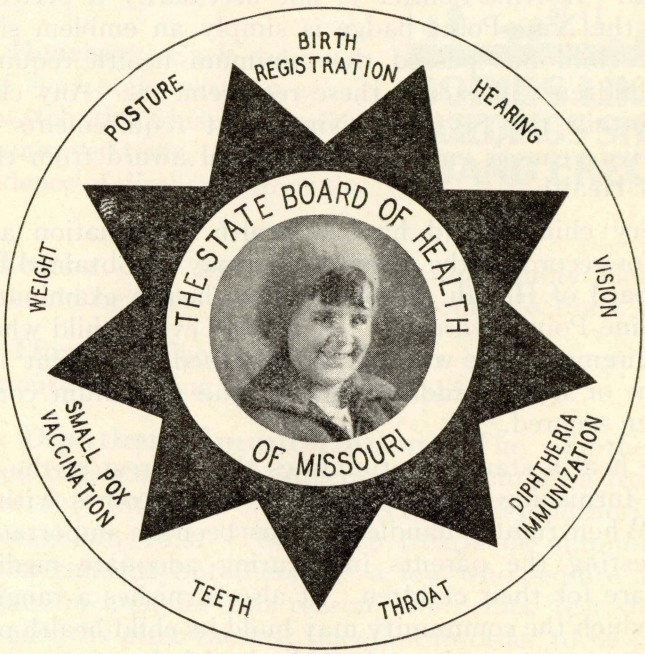
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MISSOURI PUBLIC HEALTH NEWS

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Vol. III **JULY, 1931** **No. 11**



The Missouri Child Health Council has adopted the Nine-Point Health Standard as the minimum health goal for Missouri boys and girls. Help every child in your community to reach and to maintain this standard.

Why Have a Health Standard?

The health standard is offered as a measuring rod to be used as one means of ascertaining the health progress of a school or community.

Missouri began the child-health program with the Six-Point plan in 1927, and the attainment of the Six-Point requirements is the first step to the Nine-Point standard. The Nine-Point health standard is a reasonable goal which is within the reach of practically every child whose parents want him to attain that goal. A Nine-Pointer is not necessarily a perfect child. In fact, the Nine-Point badge is simply an emblem signifying that the child has passed the minimum health requirements. Many children will exceed these requirements. Any child who can maintain the Six and Nine-Point requirements for five consecutive years is entitled to a special award from the State Board of Health.

Every child should have a health examination annually. Blanks for recording the examination may be obtained from the State Board of Health. Following the health examination, the Six or Nine-Point award will be given to every child who meets the requirements, or who brings a signed statement from his physician or dentist indicating that the maximum corrections have been secured.

The health standard stimulates the interest of the children through furnishing that satisfaction which comes with attainment. When rightly handled, it has been an important factor in interesting the parents in securing adequate medical and dental care for their children. It also furnishes a tangible goal around which the community may build its child-health program. The economic importance of public health has frequently been demonstrated to a community through the institution of this program.

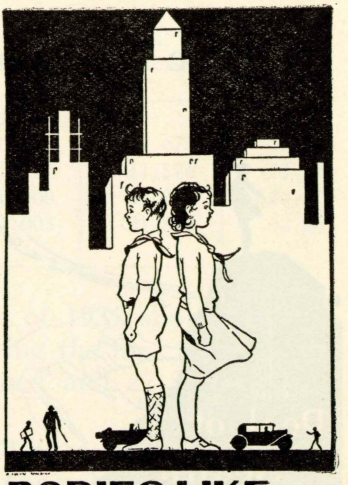
WHAT ARE THE SIX AND NINE-POINT REQUIREMENTS?

I. Nutrition: The child's weight should be within the usual limits for height and age; his muscles should be firm and his color good. Emphasis should be placed on a regular gain in weight rather than on a strict adherence to average weight standards.

II. Posture: Good posture depends upon strong, well-developed bones, well-balanced muscles, and a courageous outlook upon life. The abdomen should be flat, toes straight ahead, chest up, shoulders down and neck relaxed.

III. Vision: The child must pass satisfactorily, the usual Snellen vision test, or wear glasses which are properly fitted. There must be no evidence of eyestrain or infected eyelids.

IV. Hearing: Each ear must be tested separately with an acoumeter, a watch, the whispered voice, or other approved tests. There must be no evidence of discharge from the ears.



BODIES LIKE BUILDINGS SHOULD STAND ERECT

V. Teeth: The teeth should be reasonably clean. All cavities should be filled and gums free from infections.

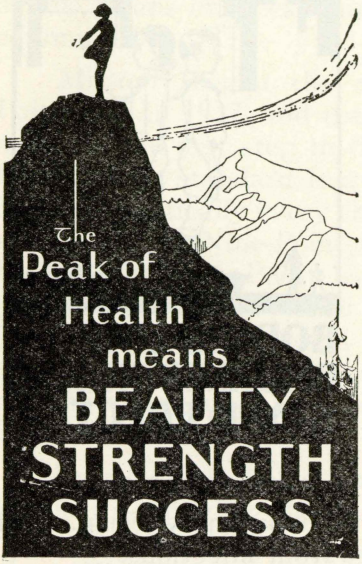
VI. Throat: There should be no evidence of diseased tonsils, mouth-breathing or chronic nasal discharge.

VII. Diphtheria Immunization: The diphtheria immunization consists of three injections of diphtheria toxin-antitoxin at weekly intervals or two injections of diphtheria toxoid at prescribed intervals. The above treatment immunizes the majority of children but there are a few who require an additional injection and, for this reason, the Schick test should be given six months after the last injection in order to be perfectly safe.

VIII. Smallpox Vaccination: The child should be vaccinated against smallpox when six months of age and this procedure should be repeated every six or seven years. Successful vaccination is an unfailing preventive of smallpox.

IX. Birth Registration: Children born in Missouri since January 1, 1922, are entitled to a free birth certificate. If the parents have not received this certificate, it means that the birth has not been properly registered. Children born prior to January 1, 1922, may secure a birth certificate from the State Board of Health upon the payment of fifty cents, the fee specified by law.

Five Years of Six and Nine-Point Health Work



Five years ago, the Missouri Child Health Council met in Jefferson City to consider plans for the promotion of child health in Missouri. One of the problems which confronted all health organizations at that time was how to secure the interest and co-operation of the parents in carrying out the recommendations made by the examining physicians and dentists. The adoption of a health standard which could be used as a measuring rod was endorsed by the Council and the Six and Nine-Point standards were established. The child who "passes" his six-point examination is said to have met the minimum health requirements. It means that his teeth are in good condition, his vision and hearing are normal or corrected, he is not retarded by diseased tonsils or adenoids, his nutrition is good, and he maintains good posture at work and at play.

Just as there is an honor roll for scholastic ability, so there is an honor roll for health. Any child, who, in addition to meeting the six-point requirements, has been immunized against diphtheria and smallpox and has a birth certificate passes the nine-point requirements and is on the health honor roll.

Interest in the health examinations has increased tremendously since this plan was adopted. In 1926, the year before the health standard was adopted, only 12 per cent of the defects reported to the parents were corrected. Twenty-four per cent of the defects reported were corrected in 1930 and in many communities where the program has been especially well managed, 80 per cent of the defects were corrected last year.

The increase in the number of six and nine-pointers for the past four years is as follows:

Year.	No. Six-Pointers.	No. Nine-Pointers	Total.
1927	10,768	4,675	15,443
1928	12,714	11,576	24,290
1929	18,500	16,277	34,777
1930	21,003	21,878	42,881

Statistics for the first five months of 1931 show that the increase is even greater this year. During the first five months *21,666* six-point awards have been issued and *22,370* children have reached the nine-point standard.

A special bronze medal is awarded to any child who has been able to maintain the six or nine-point standard for five consecutive years. One hundred and nine of these medals were won by children of the Jefferson City schools where the interest of parents, teachers, and children has been especially keen. Moreau Heights, one of the largest grade schools in Jefferson City has 90 per cent of its children listed as either six or nine-pointers, and several other schools had more than 80 per cent of their enrollment in the Health Parade in which only the Six or Nine-Pointers participated.

Conversations like the following are common occurrences now:

"Have you had your teeth fixed yet?"

"Yep, just got through!"

"Didn't it hurt a lot?"

"Sure, but that's nothing; I'm a Nine-Pointer now."

No task or ordeal is burdensome if the results bring satisfaction, and Missouri boys and girls find a lot of satisfaction in being listed as six or nine-pointers.

The child is now coming into its own. The realization is growing that national strength and prosperity depend upon the health and vigor of the nation's subjects, the foundations for whose health must be laid during childhood, and has resulted in recognition of the fact that children are individuals and must be treated as such, that they are potential future citizens whose health and welfare must be promoted, and that they are their parents' most precious possessions and must be carefully safeguarded.—Health and Sanitation, Seattle, Washington.

CONCERNING THE CHILDREN

Poisoning From Toys

IT would seem that almost the last thing that parents should need to worry about would be lead poisoning. This is a disease that has always been associated with industry—painting in particular. In recent years it has been found that the human body takes up lead from its surroundings much more readily than was formerly supposed, and it is now believed that the dust arising from scraping or sandpapering dry paint may be more serious than the fresh paint itself.



Doctors are now reporting cases of lead poisoning in infants and children, apparently due to biting lead paint from cribs and playthings. It is likely that many more cases are caused in this way than become known.

Although lead paint has many wide fields of usefulness, babies' toys, beds, and carriages are not the places to put it. We assume that the manufacturers of such articles will not use anything that might be dangerous, but a warning to parents may be needed.

Train the children as early as possible that food is the only thing meant to be eaten. In repainting articles that children can get into their mouths the use of lead paints should be carefully avoided.

Growing Pains

THE ILLUSION still exists that so-called "growing pains" are a natural—even desirable—experience. In this case, at least, there's nothing in a name.

The real name for these pains may be old-fashioned rheumatism, or a much less familiar term—osteomyelitis. In either case it means harmful germs with pus formation somewhere. The pains are the body's signals that it is in trouble and a physician should be rushed to the rescue.

Infected teeth or tonsils frequently cause this kind of rheumatism, and heart troubles often follow, if it is neglected. Occasional physical examinations often detect these defects before they begin to make themselves known.

Inflammation of the bone is osteomyelitis and is most common among children and young adults. Sometimes it is a form of tuberculosis and is likely to be very serious, if not taken in hand early and skillfully treated.

REMEMBER! *Growing pains mean trouble somewhere. The sooner the source is discovered and removed the better for everybody concerned. This is no case for home-made remedies. Consult your doctor without delay.*

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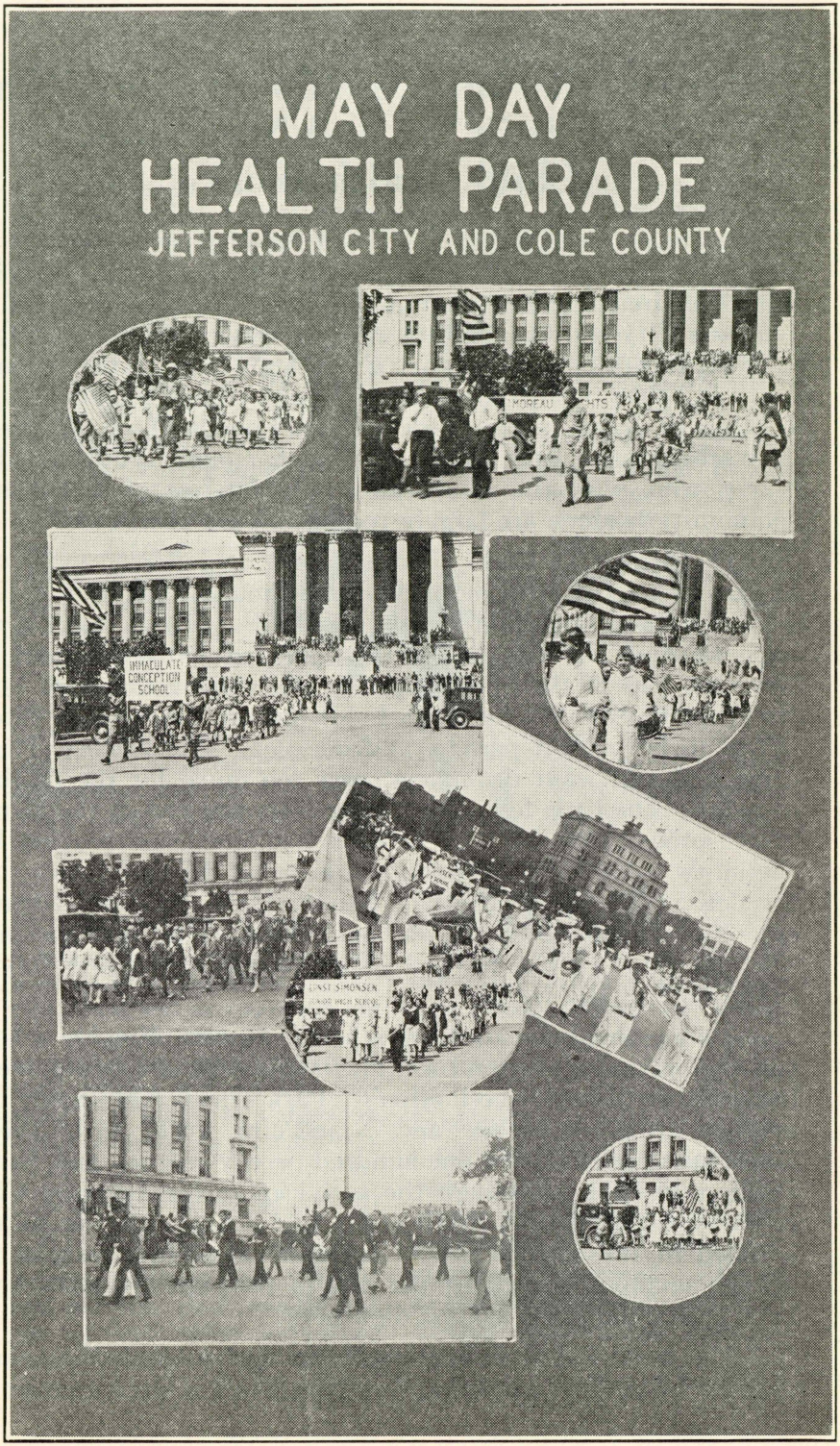
Jefferson City and Cole County Have Fine Records in Six and Nine-Point Child Health Work

There were one thousand two hundred eighty-three Six-Point children and one thousand thirty-nine Nine-Pointers in Jefferson City and Cole county on May Day, Child Health Day, in 1931, exceptional records for a city and county which do not have full-time health departments, and these records speak volumes in praise of the work of Miss Louella Olsen, Jefferson City school nurse, and Miss Hetty Joach, County Public Health Nurse, who, with the co-operation and interest of school and community leaders, are largely responsible for this record.

The May Day Child Health Parade at Jefferson City was an inspiring sight, with more than two thousand children in line who had met the child-health standards. There were both amusing and pathetic incidents connected with this parade. Near the end of the line trudged a lonely little drummer boy. He could not qualify for a Six-Point button, but he was determined to be in that parade, and his plea, "but teacher, I can drum and you want drummers" was too much for the teacher to resist. The little fellow beat time from one end of the march to the other. Another boy had much difficulty in proving his eligibility for a Nine-Point button because the certificate from his dentist certifying that he had had the necessary dental corrections made found its way into the washing machine in a shirt pocket. It was rescued in a much rumpled and frayed condition, but still legible.

Among the Jefferson City schools, Moreau Heights school had the best percentage record, ninety per cent of its enrollment being either Six or Nine-Pointers. Park school had shown the greatest progress in Six and Nine-Point work, with fifteen Six-Pointers in 1927, and one hundred twenty-five Six and Nine-Pointers in 1931. Through the activities of the Jefferson City Kiwanis Club's Under-Privileged Child Clinic, all the pupils enrolled in Washington School (colored) have been vaccinated against smallpox and eighty per cent of the pupils of this school have been immunized against diphtheria.

The requirement of immunization against diphtheria, and vaccination against smallpox were preventing a large number of


MAY DAY
HEALTH PARADE
JEFFERSON CITY AND COLE COUNTY
IMMACULATE CONCEPTION SCHOOL

the rural school children of Cole county from attaining the Nine-Point standard two years ago, at which time a drive was started on the Nine-Point and Blue-Ribbon Baby program in the county. Conferences were held with community leaders and practicing physicians in each section of the county and a series of immunization clinics were scheduled. The local physicians gave their services free in order to stimulate interest and the parents were required to pay the cost of the smallpox vaccine and diphtheria toxin antitoxin used. Nine hundred and thirteen children were vaccinated for smallpox and seven hundred and ninety-four were immunized against diphtheria. As a result of these clinics, the number of Nine-Point children in Cole county (exclusive of Jefferson City) increased from seven to two hundred fifty-one and nineteen babies had become eligible for the Blue-Ribbon Baby award.—R. L. L.

A six-year-old boy whose only defect found in a recent physical examination at school was very badly decayed teeth, took matters into his own hands when he failed to get immediate action on the part of his parents.

His father and one of the local dentists are good friends and often hunt together, so the boy knew the dentist well. He marched into the office one day and announced:

"Say, Doc, I want you to take a look at my teeth and tell me what it's going to cost me to have 'em fixed so I can get one of those six-point pins the nurse is always talkin' about."

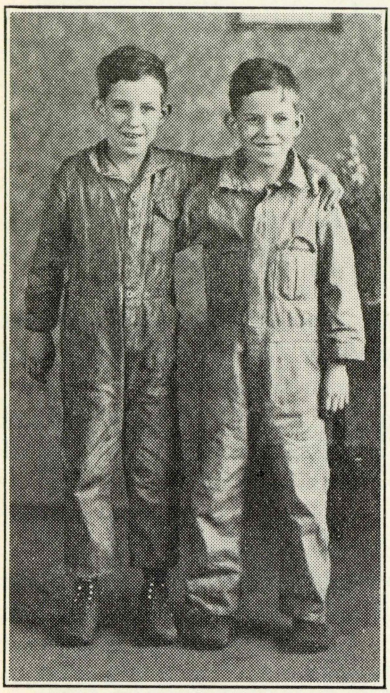
The dentist gave the teeth the necessary attention, and the boy's name goes in this month for his six-point pin.

The youngster had gone into town with his father, and while Senior was transacting business, Junior took charge of his own affairs. No one knew of his intention until the work was done and proudly displayed after the return home. Then the dentist was called by phone, and told this story.—From the narrative Report of a public health nurse.

A well baby has clear skin, bright, wide-open eyes, springy muscles, and a contented expression. He cries very little, has a good appetite, and sleeps quietly with mouth closed. He shows no evidence of pain or discomfort, and he gains steadily in weight, height, and ability to do things. As a rule, the baby doubles his birth weight by the sixth month and trebles it by the end of the first year.—Elisabeth Shirley, in Milk.

Jefferson City Kiwanis Club Conducts A Health Clinic For Under-Privileged Children

Local Physician in Charge of the Work Which Has Done Much to Better Health Conditions in Jefferson City and Cole County



The Jefferson City Kiwanis Club's Clinic made it possible for these twins to meet the Nine-Point Health Standards.

Two thousand, eight hundred fifty-eight separate items of medical service have been given children in Jefferson City and Cole county in the Under-Privileged Child Clinic conducted by the Jefferson City Kiwanis Club since its organization in the latter part of 1928. This clinic takes care of the public health needs of any child whose parents are unable to pay for the correction of physical defects which threaten to handicap the child throughout life, if neglected, and also provides the immunizations necessary to protect such children against diphtheria, smallpox, and typhoid fever. Among the many types of service provided, have been the removal of diseased tonsils, the fitting of glasses, X-Ray pictures in suspected cases of tuberculosis, and in a few instances, this clinic has taken care of the expense of serious emergency operations needed to save the life of a child.

Assistance to the under-privileged child is the major project of the 1,875 Kiwanis clubs scattered throughout the United States and Canada, and the Jefferson City club has selected the physical well-being and health protection of children as its special phase of the under-privileged child's problems. Clinics are held on Saturdays in rooms set apart for the purpose in the local hospital where children selected by Miss Louella Olsen,

Jefferson City School Nurse, and Miss Hetty Joach, Cole County Public Health Nurse, as needing medical attention and meriting the assistance of the clinic are treated by local physicians and the club pays for the medical service given each child. In order to avoid criticism, or the abuse of the clinic, the club requires that a certificate be issued by the school or county nurse, local welfare authorities, or Salvation Army, certifying that the child's parents are unable to pay for needed health service before he is allowed to enter the clinic.

This clinic has contributed materially to the enviable record established by Jefferson City and Cole county in six and nine-point child health work during the past few years and the Jefferson City Kiwanis Club is to be congratulated upon the contribution which it is making to the welfare of the community in providing facilities which will enable the under-privileged children of the community to become men and women who are physically fit and capable of supporting themselves, thus becoming more useful citizens, and of greater value to the community than they might have been without the assistance rendered by this service club. This activity offers a splendid example of the possibilities open to service clubs in improving health conditions in localities where full-time health departments have not been established.

Several Sundays ago, in a Methodist church in Marshall, a minister during the course of his sermon was explaining the different kinds of stars. He said that a five-point star was the Christmas star, and so on up the line until he got to the nine-point star. Just in the way of keeping the congregations' interest he said, "Now what would a nine-point star represent?" with the intentions of answering the question himself; when a little boy away back in just about the last row, shouted out at the top of his voice: "perfect health."—From the narrative report of a public health nurse.

It is possible to live longer today than ever before. The saving of life has principally been among children and young adults, so that more people live to die from old age and associated causes. The average length of life a half century ago was 37 years, and today it is 57 years. While the actual span of life has not been increased, more people enjoy a full life through the activities of Public Health authorities and associates.—St. Louis Health Dept.

ORIGINAL CONTAINERS



GOOD Morning Everybody! Have you heard about the baby that was brought up on elephant's milk? If so, you will remember that it was an elephant's baby. That milk was the best for that baby. So it is that cows' milk is the best for calves, and mothers' milk for human babies.

In general, the best food is that which comes most directly from its original source. In these days of complicated civilization most food has to go through a great many hands before reaching its final destination. Not so many of us can produce our meals in our own back yards. Our ancestors, who climbed trees for cocoanuts, had a considerable advantage over us when it came to getting their food in original containers.

The present generation has seen great progress in production, preservation, and transportation of food. It is not far back to the small, uninspected dairy and its "dip-milk" left in all kinds of receptacles at the front door. The familiar glass bottle, which was a great improvement, is now giving way to a sterile paper container, used only once.

The old country store has been replaced by something more sanitary, if less picturesque. With it have gone the cracker barrel and the butter tub, and many other eatables in bulk are now things of the past. The common drinking cup is a symbol of many an unhealthy custom that is now socially taboo. Individual service is the mode of the hour. Even our erstwhile friend, the big round cheese, has retired in favor of a miniature reproduction in its private cardboard box, and our cigars look out from their neat little jackets of "cellophane." The canning industry has advanced to lengths undreamed of a few years ago so that *"living out of a can"* no longer carries with it the suggestion of a sneer.

Original containers—considered literally or in the sense of the package as put up at the factory—do not invariably guarantee the purity and wholesomeness of the contents. Sometimes even the old reliable cow delivers with her milk the germs of tuberculosis, septic sore throat, or undulant fever, if she is suffering from one of these diseases. Inferior products are sometimes packed in the first place, and accidents occasionally allow the entrance of the organisms of fermentation and decay. In general, however, there is much less chance of getting contaminated food, if reputable brands are purchased in the original package.

CLEANLINESS IS AT LEAST PART WAY TO SAFETY.

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A Cole County Family With An Exceptional Health Record

Six Nine-Point Children and a Blue-Ribbon Baby in One Family



Six Nine-Pointers and a Blue-Ribbon Baby in one family.

All of the seven children of Mr. and Mrs. Adolph Sommerer, Route No. 4, Jefferson City, meet the health standards set by the State Board of Health of Missouri. The six older children were awarded their Nine-Point buttons this year and the baby, Anna Beatrice, age two years, has received the blue ribbon awarded by the State Board of Health to children under four years of age, whose physical condition and habits meet prescribed standards. These children have all received their smallpox vaccinations, been immunized against diphtheria and birth certificates secured for the three older children since June, 1930. The correction of physical defects in this family has included considerable dental work and the removal of diseased tonsils in two instances.

Miss Hetty Joach, Cole county nurse, is justly proud of these children and has suggested that she would like to enter them against other Nine-Point and Blue-Ribbon families in a state contest for championship honors.—R. L. L.

Children are far more easily led to strive for better posture in sitting or standing through an appeal to rivalry or pride than through a discussion of the anatomy of the vertebra.—L. A. Averill.

Out of Babyhood Into Childhood

XI. IS YOUR CHILD READY FOR SCHOOL?

Prepared by
The Children's Bureau
U. S. Department of Labor.



The child who is to enter school for the first time in the fall should have a thorough examination by a physician and by a dentist in the spring or early summer. This will allow the summertime for correction of defects and for vaccination; also for immunization if needed. (School brings added danger of getting communicable diseases.) If the child has not been having half-yearly examinations up to this time, a thorough examination is especially needed.

A physical defect puts a child at a disadvantage with his schoolmates. Poor sight or hearing may make him seem dull in school and cause him to become discouraged and uninterested. Do not let your child reach school age with a handicap that can be removed. Ask yourself these questions:

Does my child see and hear well?

Are his teeth sound and well kept?

Are his nose and throat in healthy condition?

Does the doctor consider his weight correct for his height and age?

Are his eyes bright, his cheeks rosy, his muscles firm, his posture erect?

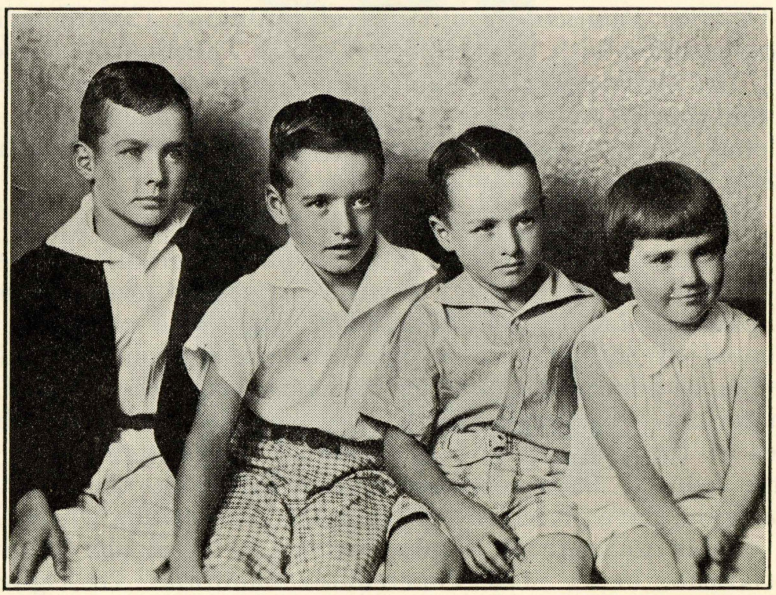
Has he been vaccinated against smallpox and immunized against diphtheria (also against typhoid fever if this is necessary)?

Has he good habits of eating, sleeping, bathing, elimination, self-control, and obedience?

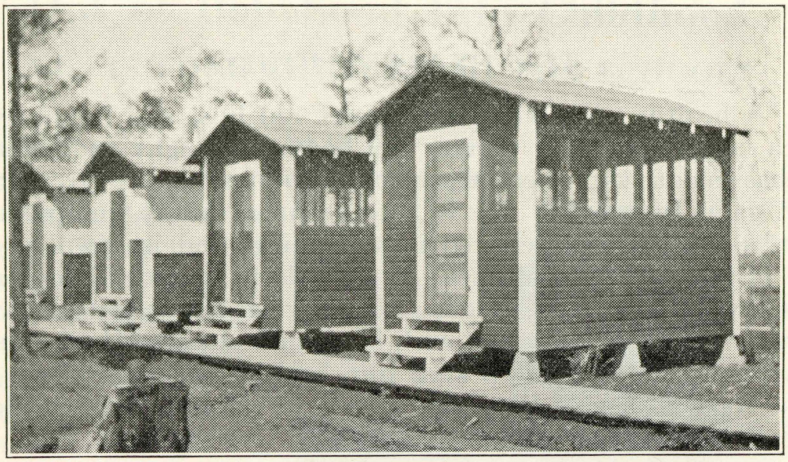
THE HEALTHY CHILD

A healthy child has pink cheeks, red lips, and bright eyes with no circles under them. His body is straight and strong; he has smooth skin, clean teeth, and firm muscles. He grows tall and gains in weight. He is active—runs, shouts, jumps, and climbs—is always interested in something, and is often noisy. He is hungry at mealtimes, and he sleeps soundly and long. His bowels move daily. He has no abnormal discharge from eyes, ears, or nose. He breathes with his mouth closed. He does not have pains or aches. To keep him healthy he needs plenty of good food, plenty of sleep, and plenty of vigorous outdoor play.

Health for an entire lifetime may be early established by setting up correct habits during a child's growing years. Build the habit of health into your child's regular daily routine and you can procure results that will last his entire life.—Dr. William R. P. Emerson.



A Buchanan County Nine-Point Family. James, Jasper, Sam and Mary Gary.



One-room Cottages for Tuberculosis Patients on the Pemiscot County Farm.

Pemiscot County Builds Cottages For the Use of Advanced Cases of Tuberculosis

An interesting experiment in the housing and care of advanced cases of tuberculosis has been undertaken by Dr. Fred L. Ogilvie, Pemiscot County Health Officer, Caruthersville. In cooperation with the Pemiscot County Tuberculosis Association, Dr. Ogilvie has had four one-room cottages constructed on the county farm where attendants are available and the patients assigned to these cottages will be given medical and nursing care by the county.

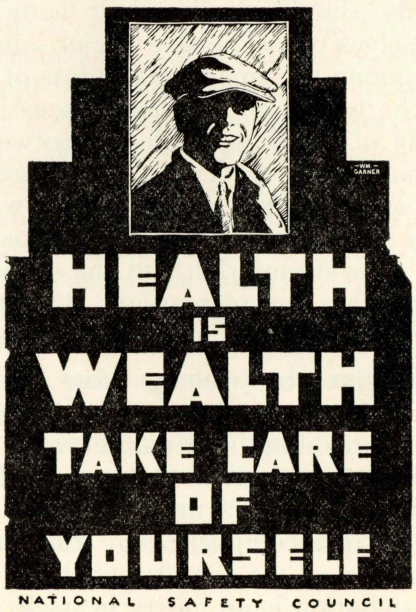
Advanced cases of tuberculosis, living in homes where the patient cannot have separate quarters, are a serious menace to others and provision should be made for the protection of both the patient's family and the community. Such cases are not accepted at the Mt. Vernon Sanatorium and only a limited number of advanced cases can be cared for at the Webb City Sanatorium. Unfortunately, the problem of caring for these cases at the present time is assuming added seriousness because reduced county budgets, resulting from the financial depression, have placed several counties in a position where they are unable to keep all county patients, who should be given special care, in the State Tuberculosis Sanitoria. Dr. Ogilvie's effort to meet the present urgent tuberculosis problem in an

economical and effective way will be watched with a great deal of interest by those engaged in the protection of the public health and his experience will be reported in this publication at a later date.—R. L. L.

A Contest For Public Health Nurses

The Public Health Nurse is offering a first prize of ten dollars and a second prize of five dollars for the best snapshot of a typical situation or experience in public health nursing. The pictures will be judged on the basis of interest, originality, and photography. The name and address of the sender must accompany each photograph. Fifty words of explanation should accompany each picture.

Some of the Missouri public health nurses will no doubt have some snapshots worth entering. Contest pictures must be in the editorial office, 450 Seventh Avenue, New York City, by September 1, 1931. The contest is open to all public health nurses.



Mental Hygiene

MENTAL HYGIENE LITERATURE AVAILABLE IN MISSOURI

The Missouri Library Commission, Jefferson City, will loan books on mental hygiene and allied subjects for two weeks. The borrower pays all postal charges and is obligated to return the books in good condition.

Mrs. Mary Asbury McKay, Department of Public Information, Extension Division, University of Missouri, Columbia, Missouri, will lend health packets and special leaflets on mental hygiene and will also lend Parent-Teacher Packet No. 30 to parent-teacher study groups for two months.

The outline of study to be used with Parent-Teacher Packet No. 30 may be obtained free of charge from M. P. Overholser, Harrisonville, Mo., from whom study groups may also obtain Parent-Teacher Packet No. 30, as a loan for two months.

"Child Management" by Dr. Thom may be obtained, upon request, from the State Board of Health, Jefferson City.

The Missouri Society for Mental Hygiene, St. Louis, Mo., and the Kansas City Mental Hygiene Society, Kansas City, Mo., will be glad to supply information and suggestions.

EARNESTNESS VERSUS DABBLING

Suppose a group of mothers, banded together for the purpose of child study, should give up their lectures for one season and devote themselves to a serious study of some of the behavior problems found among the small inhabitants of their own households. Among the topics for informal discussion could well be included methods of handling jealousy between brothers and sisters; the management of crying and anger tantrums; the facts associated with indifference to school work; variation in responsiveness to father and mother; the acquisition of a healthy balance between over-stimulation and the satisfaction of normal cravings for amusement and recreation. Parents of every household have to meet these issues in some form or other.

A year's intensive study along these lines, with meetings from time to time for suggestion and guidance from some able adviser, ought to prove of inestimable value to mothers who really want to understand their children. The understanding of children is not a gift that naturally accompanies the maternal instinct; neither is it accomplished by the cultural process of keeping up to date on all the literature dealing with child study. Each family constellation is an entity in itself, requiring specific variation in the application of any social and educational principles to its needs.—From article by Dr. Esther Loring Richards, "Practical Aspects of Parental Love."

Milk Is Your Cheapest Food



Because milk is a liquid, it is often considered a beverage, and while milk is a delightful beverage, it should also be thought of as a food. Many people, even though they think of milk as a food, look upon it as a special food, an extra dish, something that they could do without. Such is not the case, for milk is an essential food and the cheapest balanced ration that can be placed upon the table.

Much has been said about the health-giving properties of milk, its vitamin content, and the fact that it is nature's best balanced and most nearly perfect food, all of which is true, but because of its excellent qualities, many people have concluded that, like most other things of special value, it is expensive. Such is not the case, for milk is cheap. If you pay fifteen cents per quart for milk, eggs should be bought for twenty-two and one-half cents per dozen to get equal food value for your money; round steak should be bought for twenty cents per pound to be equally as cheap, and chickens should be purchased for nineteen cents per pound. While the foods mentioned may drop to the prices quoted at certain seasons of the year, people ordinarily pay much more for the same amount of nourishment that they get in a quart of milk, and in most Missouri cities, milk sells for less than fifteen cents per quart.

When times are hard, milk should be the last food on which to practice economy. When the pay check is short, increase the milk order, for it is true economy. A family of five, using two quarts of milk a day in normal times, suddenly finds it necessary to practice rigid economy on the food bill. The first step should be to increase the milk order to four or five quarts per day and use the money that is left in the food budget to secure what other foods it will buy. No cheaper food can be bought than a quart of milk.—F. M. S.

Missouri Water and Sewerage Conference

CONTROL OF TASTES AND ODORS IN MUNICIPAL WATER SUPPLIES

At this time of year many water plants, especially those using impounding reservoir supplies, begin to receive complaints from consumers of disagreeable tastes and odors in the supply. In most cases, these tastes and odors are caused by algae growths. Very little trouble is experienced from algae in plants using river water, since ordinarily, river water is sufficiently turbid to prevent very prolific growths of algae. Since algae growth is favored by clear water and sunshine, most of the impounded supplies have difficulty not only because of tastes, but also because of clogging of filters, which results in shortening of filter runs. The algae problem is also encountered where uncovered clear water basins are used for the storage of either filtered or well water.

Distribution basins which store the finished water from a plant should be covered. Covering not only prevents the growth of algae, but also prevents accidental and willful contamination of the basin. The State Board of Health will not place a city supply on the list of approved water supplies unless the clear water basins are covered, or unless provision is made for continuous chlorination to provide residual chlorine at all times in effluent from open basins.

Aeration is beneficial in reducing tastes and odors which are due to algae. It can be safely said that all water plants in this state using impounded supplies could improve the quality of their product by using aeration, at least during portions of the year. It must be remembered that the results obtained from aeration depend on breaking the water into very small drops and keeping these drops in contact with the air as long as possible. The ordinary pan type aerator used on many Missouri plants does not aerate very efficiently. Much better results are obtained from nozzles which spray the water into the air.

Copper sulphate has been most widely used for the control of algae growths. There is very little danger from the use of copper sulphate if the water is allowed to stand before distribution. Most of the copper reacts with the alkalinity in the water and settles out. It is possible that continuous treatment of distribution basins with copper sulphate, which passes the water directly

to the consumer, would be dangerous. The U. S. Treasury Standard sets the limit of copper in potable water at 0.2 parts per million. There is no danger when copper sulphate is used to destroy algae on impounding reservoirs supplying raw water that will be treated by coagulation and filtration. Occasionally, complaints are received that fish are killed by copper sulphate treatment, but this is quite infrequent. Even if some fish are killed, it seems more important to protect the quality of the water supply than to avoid killing a few fish. The amount of copper sulphate necessary to kill algae varies with the species, but approximately 4 pounds per million gallons has been the average toxic dosage in this state. When the impounding reservoir is quite large, some operators treat just that portion nearest the intake.

Chlorine and chloramines formed by chlorine and ammonia have been used to kill algae. This method is especially valuable to kill algae in settling basins and clear water basins because it has the additional advantage of acting as a bactericide. Toxic doses of chlorine vary with the species of algae, but doses of about 8 to 12 pounds per million gallons of water have been used successfully.

If unusual difficulty is experienced with tastes and odors, the State Board of Health should be notified and we shall be glad to render any possible assistance.—H. M. B.

MISSOURI WATER AND SEWERAGE CONFERENCE NOTES

The executive committee is beginning to plan the program for the Seventh Annual Meeting of the Missouri Water and Sewerage Conference to be held in Jefferson City next October. In order to give the members a program which best meets their needs, a questionnaire has been sent to each member asking him to express his opinion on the selection of subjects to be discussed at the meeting. If you have not already done so, please return the questionnaire immediately. This is your meeting and you should help to make it a success.

Do not swim in water you will not drink!—Pittsburg's Health.

"Health, wealth, and the pursuit of happiness" - - isn't it strikingly significant that the word "health" introduces this well-known phrase? Therefore, wealth and happiness are essentially dependent upon health.—Pittsburg's Health.

Monthly Progress Report —Standard Milk Ordinance Cities

The table below indicates the ratings made by the State Board of Health of Standard Milk Ordinance cities during April and May, 1931. For the purpose of comparison, the previous milk ratings of the cities are also shown.

City.		Date.	Retail raw milk.	Raw milk to plant.	Pasteurized milk.	Enforcement.
Ash Grove*	Previous rating	12–12–30	71	None sold...	None sold...	74
	Last rating	4–23–31	96	None sold...	None sold...	96
Brookfield**	Previous rating	9–23–30	69	72	75	57
	Last rating	5–20–31	73	72	73	65
Carrollton**	Previous rating	9– 6–30	77	None sold...	None sold...	70
	Last rating	5–21–31	70	None sold...	None sold...	68
Republic*	Previous rating	12–11–30	74	None sold...	None sold...	74
	Last rating	4–23–31	84	None sold...	None sold...	90

*Increased rating due primarily to change from Junior to Standard Ordinance work.

**Junior Ordinance work. Maximum ratings: Raw, 85; raw to plant, 85; pasteurized, 85; enforcement, 80.

Of Public Health Interest

Several of the Public Health nurses have been granted leaves of absence in order that they may do special post-graduate study this summer. Miss Irene McMullon of Saline County and Misses Ruth Ross and Edna Haase of St. Francois County will all enroll at Washington University for special work under Miss Anne Heisler. Miss Virginia Hugett of Carroll County will go to Minnesota University. These nurses are to be commended for their interests in self-improvement.

Miss Minnie Strobel, who was formerly employed by the State Board of Health, has returned to the department. She is taking the position vacated by Miss Josephine Daniel, who resigned to accept a position with the East Harlem Nursing and Health Service of New York.

Friends of Miss Elizabeth Simon will be sorry to hear of the death of her young brother, who was seriously injured in an automobile accident a short time ago.

The regulations in regard to the health contests conducted by the State Board of Health at the State Fair have been changed this year. The Blue-Ribbon Baby regulations are the same as last year, but the Six and Nine-Point Contest is changed. Instead of a cup being awarded to the county having the most Six and Nine-Pointers registered, special individual awards will be given to the Nine-Pointers who are in the best physical condition. If you have any Nine-Pointers of which you are especially proud, send them up to the Fair at Sedalia and see how they rank with the Nine-Pointers from other counties.

Buchanan County had an especially fine May Day celebration in St. Joseph. The spirit of play was observed throughout and Lake Contrary Park was turned over to the children and their parents for the day. All Six and Nine-Pointers were given additional tickets for free rides on the merry-go-round, whip, etc. and everybody enjoyed a picnic lunch at noon. A short health program was held in the afternoon. Boy Scouts and special policemen were on hand to help take care of the little fellows.

Visitors at the Rural Teaching Center in St. Francois County during the past month included Miss Hortense Hilbert of the American Child Health Association and Miss Mary Beard, Associate Director, International Health Division of the Rockefeller Foundation.

Miss Waltraut Kudlich, a nurse from Vienna, Austria, who is spending a year studying public health work in the United States, will spend six weeks in Missouri this summer. Miss Kudlich is especially interested in the administration of Public Health Nursing and is making this visit under the direction of the Rockefeller Foundation. She will plan to visit several of the county and district health departments as well as the State Board of Health.

A PHILANTHROPIST BELIEVES IN EDUCATION AND PUBLICITY

The British Eugenics Society recently benefited by the will of Henry Twitchen, who bequeathed $500,000; he specified that of this sum $15,000 should be used for publicity purposes, rather than for research.—Hygeia.

The body is not an impersonal machine, but a delicately tuned system with all the idiosyncrasies of a prima donna. Moderation and care in diet are absolutely essential to good physical condition.—Jack Slater, in Milk.

For a human being to contract rabies is to receive a death sentence—there is no possible hope for recovery. The Pasteur treatment, which is given to individuals who may have been bitten by rabid animals is preventive only.—California Weekly Health Bulletin.

Many valuable dogs lose their lives each year from rabies. There is no way of knowing how many such animals have sacrificed their lives to this preventable disease, but the number is very large. There is a close bond of attachment between a man and his dog and between a child and his dog. The well-cared-for dog should not be subjected to the hazard of contracting rabies, which is spread, largely, by homeless animals. The menace to the lives of both dogs and children may be removed through the control of homeless animals. When rabies is rampant, special facilities for the protection of both children and dogs should be provided. Not to enforce measures for the protection of both constitutes cruelty and indifference, not only toward children but also toward man's best animal friend.—Cal. Weekly Health Bulletin.

COMPARISON OF COMMUNICABLE DISEASES REPORTED FOR THE MONTHS OF MAY 1930 AND 1931

Disease.	1930.	1931.
Chickenpox	383	305
Diphtheria	160	160
Epidemic Sore Throat	21	5
Influenza	16	37
Malaria	46	12
Measles	617	2,419
Meningitis	38	30
Mumps	268	198
Ophthalmia	4	3
Pellagra	1	0
Pneumonia	42	90
Poliomyelitis	0	5
Rabies in animals	9	10
Scarlet fever	618	1,340
Smallpox	292	212
Tetanus	0	1
Trachoma	52	61
Tuberculosis	297	282
Tularaemia	0	1
Typhoid fever	38	35
Undulant fever	8	10
Whooping cough	181	300

MISSOURI PUBLIC HEALTH NEWS

"The Welfare of the People Is the Supreme Law"

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JAMES STEWART, M. D.

State Health Commissioner

JEFFERSON CITY MISSOURI

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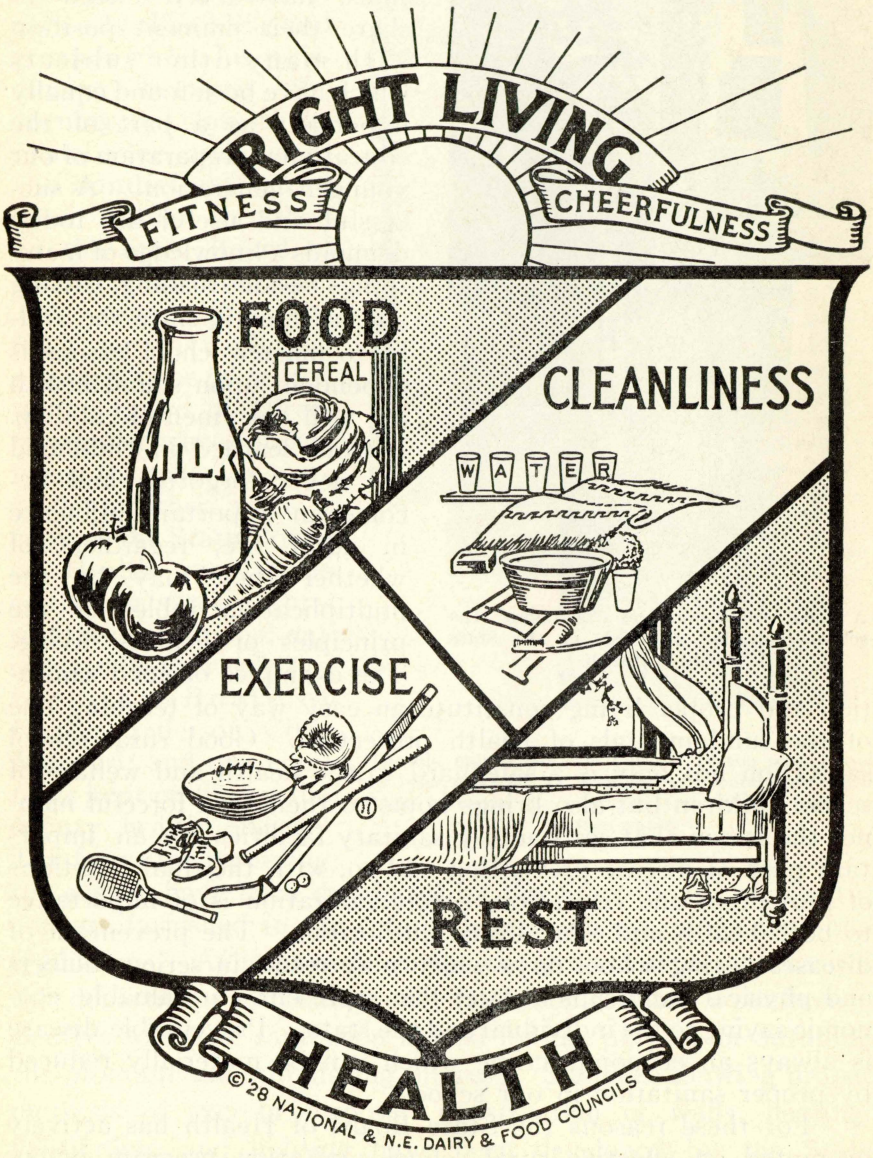
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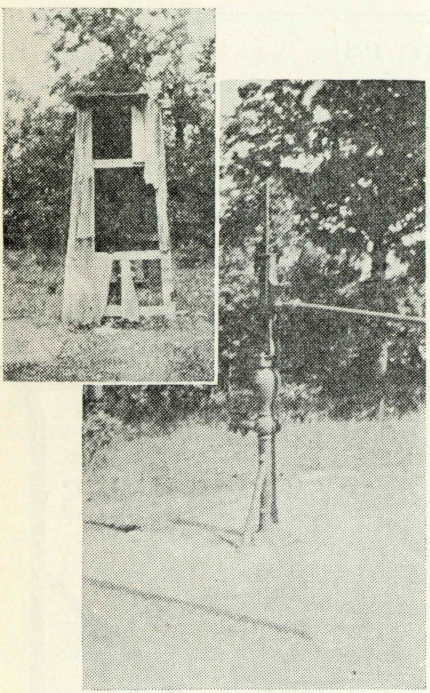
MISSOURI PUBLIC HEALTH NEWS

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Rural School Sanitation

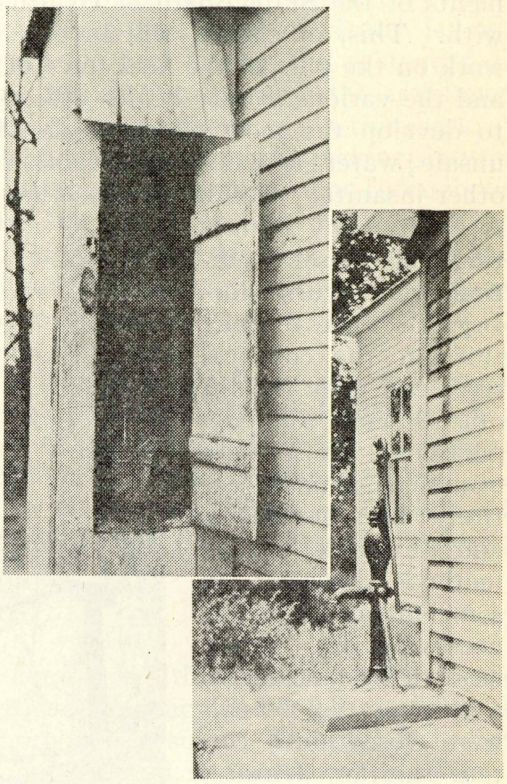


A school well "before and after taking" the school sanitation standards of the State Board of Health.

The three R's, symbolizing the objectives of school in a child's life in past generations, have been forced to share their eminent position with many other subjects which have been found equally important as a part of the educational preparation of our younger generation. A successful and useful life today demands a knowledge of many things besides reading, writing and arithmetic since the ability to master school lessons is dependent upon sound health as well as mental ability. Lessons learned in childhood are never forgotten and become an important influence in adult life, regardless of whether they may be the multiplication tables or the principles of healthy living. The examples of good sanitation and proper living constitute an easy way of teaching one of the fundamentals of health protection. Good rural school sanitation not only is a safeguard to the health and welfare of school children but also brings home to them in a forceful manner the lesson that satisfactory sanitary facilities are an important part of disease prevention and so, with the dual functions of protection and education, school sanitation is of importance to both health and educational authorities. The prevention of diseases during school days which may result in serious defects and physical handicaps in later life represents a valuable economic saving to the individual and the state. Preventable disease is always an economic crime which can be materially reduced by proper sanitation in our schools.

For these reasons the State Board of Health has actively prompted an effective rural school sanitation program in co-

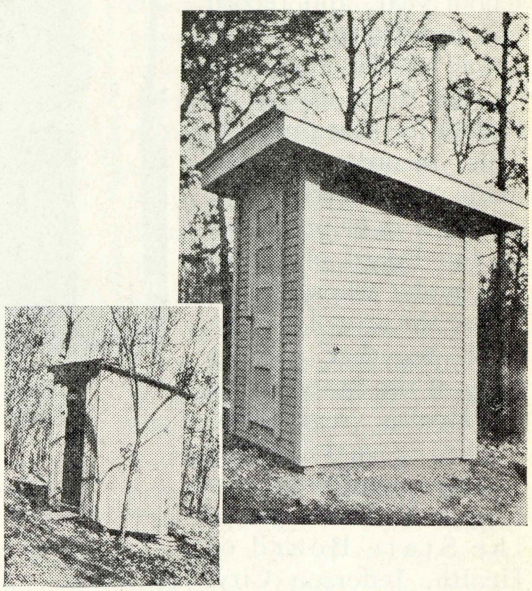
operation with the State Educational Department. This program has been largely supervisory in nature, working in conjunction with, and through the deputy state health commissioners. Regulations and standards of sanitation have been developed by the State Board of Health, which contain a section regarding school inspections quoted herewith: "It shall be the duty of the county health officer to make at least one inspection each year of each school building and grounds within his jurisdiction between the opening and close of the school year, and record the conditions found upon blanks furnished by the State Board of Health for that purpose. This record shall be made out in triplicate; one copy to be presented to the Board of Directors under whose supervision the school is operated, together with a copy of the State Board of Health regulations outlining satisfactory sanitary conditions; one copy to be forwarded to the State Board of Health, Jefferson City, Missouri; and one copy to be kept on file by the county health officer." The forms for recording the survey have been developed by the State Board of Health, and are furnished to the county health officers, along with the regulations. At least once during the year, a representative of this department visits all county health officers and a conference relative to school sanitation is held for the purpose of outlining the program and stimulating interest. Sketches showing proper methods of excreta disposal, construction of walls, heating, ventilating, and lighting have been developed by the State



"The old galvanized iron bucket" of the school well has been replaced by a pump and water-tight curb which prevents the contamination of the well by surface water.

Board of Health which are distributed by the health officers to the various school boards throughout the state.

The State Department of Education is cooperating with the State Board of Health in the school sanitation program and has recently agreed that no school shall receive a certificate of approval as a rural school of the first class until sanitary requirements of the State Board of Health are satisfactorily complied with. This, of course, will involve a considerable amount of work on the part of the field force of the State Board of Health and the various county health officers. However, it is expected to develop the most effective plan for securing corrections of unsafe water supplies, deplorable toilet facilities, and many other insanitary conditions too often found in our rural schools. A great many corrections of these conditions were secured during the past year through the cooperative efforts of health officers and this department; these were obtained almost entirely by persuasive and educational methods, however, in some instances it was necessary to employ more drastic means. In a few counties, schools were closed until certain sanitary features required by State Board of Health regulations were provided. With only one exception, no school remained closed more than four days until sanitary requirements had been complied with and the school was again operating in a very much improved condition. The largest number of schools closed during the year in any one county was 18, and the county superintendent of that county now claims 100 per cent compliance with State Board of Health requirements regarding toilets.



Sanitary pit privies, approved by the State Board of Health, are replacing shacks of the type shown in the small picture at rural Missouri schools. In addition to protecting the children against the spread of intestinal diseases, such improvements reduce the fly nuisance and teach lessons in sanitation and decency.

During 1930 inspections of 5,715 rural schools in 86 counties, were made by county health officers or their representatives.

On the basis of inspection sheets covering these surveys, a numerical rating is made each year of the rural schools on a state and county basis. The sanitary rating of the rural schools inspected in Missouri for 1930 was 54.7 per cent.

It is obvious that conditions are still far from satisfactory and will require the cooperation of county health officers, county superintendents, teachers, and directors, if satisfactory conditions are to be obtained. The State Board of Health is constantly soliciting this cooperation and during the past year or two has, through its field representatives, secured the assistance and approval of a large number of school officials in this work.

The new school law which was passed by the last legislature, will in all probability, revolutionize school conditions throughout the state. One effect of this law will be the consolidation of the smaller rural schools into larger units. If due consideration is given to proper construction and sanitary equipment of these new schools, a radical improvement in rural school sanitation may be expected in the next few years.

The Division of Public Health Engineering and Sanitation will continue to supervise and encourage local health officials toward the annual survey of all schools in their respective counties. The greatest difficulty in this undertaking still lies with county courts which, in many cases, refuse or at least fail to remunerate the health officers for time and travel incident to school inspection work.—W. S. J.

The employment of a county health officer is good business when we consider the American tendency to accept anything as legitimate in business that produces results. The county health department is sound economically and is necessary for efficient rural health administration. Where no whole-time service exists, the schools are frequently closed because of communicable disease. This rarely happens if real health service is provided. When we consider that it costs $70.00 or more to teach a child in school for one year, it can be easily shown that closing schools and absence from school on account of illness wastes money. If diphtheria can be reduced to zero in a county by intensive immunization as has been done, money has been saved to both parents and schools. A general reduction of preventable illness, the correction of physical defects and the cultivation especially in children of habits of personal hygiene is the best possible economy. A whole-time especially trained county health officer is necessary to give satisfactory rural health service.—Wisconsin Health Bulletin.

A Health Program For Missouri's Drought Area

By
Dr. James Stewart
State Health Commissioner

Conditions affecting public health as a result of the recent drought have been one of the most important problems confronting the State Department of Health during 1931. Deprivation, the lack of sufficient food, clothing, heating facilities, increased crowding conditions due to financial losses and the inability to obtain needed medical service and medication have, to a great extent, lowered the resistance and thus produced a health problem of increasing magnanimity in the drought affected area of Missouri.

Contagion and nutritional deficiencies have been on the increase and will, in all probability, continue to be on the increase in the area of Missouri affected by the drought. Typhoid, as an example, has increased in the drought area of this State over 125 per cent as compared to 59.5 per cent increase in the area less disturbed. Deficiencies, such as scurvy, pellagra and rickets, have been reported to be much more prevalent than ever before in the history of the state. From this we can prophesy an increase in tuberculosis because of lowered resistance, and the presence of increasing deficiencies predisposing to tuberculosis.

Children have suffered particularily from the lack of diet necessities for sturdy development. Therefore, the mortality of early childhood will be on the increase during 1931 and possibly during 1932. Much has been done to maintain life by the relief agencies but more is needed. In addition to furnishing the food necessities, a thorough immunization program should be instituted as Typhoid fever, smallpox and diphtheria should be prevented. The prevention of food deficiencies by the addition of whole milk, cod liver oil, honey, germinated grains and fruits should in some manner be given the needy children. Adults will suffer only temporarily as a result of deprivation, but permanent disabilities will be noted in the children unless definite relief measures are continued.

Primarily the State Department of Health must do all that is possible in disease control and in the improvement of sanitation. Fortunately the last Congress made available, through the

Federal health service, funds to assist the drought states to meet health emergencies. Early in February funds were available, and Missouri's plans were submitted and approved by the U. S. Public Health Service on February 28, 1931. Since that time the Division of Cooperative Rural Health, under the direction of the Assistant Commissioner Doctor Krause, has been attempting to carry out a feasible and economical plan of health conservation in the area of Missouri most affected by the drought. The plan of health promotion is believed to furnish a workable program of disease prevention and health conservation. This plan is original in Missouri, and we hope that it will result in an everlasting beneficial affect on the physical well-being of those in the drought area of our state. In brief, the plan for drought health work consists in the establishment of five rural health districts south of the Missouri river. This area, with the exception of three counties north of the River, was the most disturbed according to reports based on agricultural relief to the State. Since February many of the North Missouri counties have applied for Federal agricultural assistance, but at the time our program was made and approved only Lincoln, Atchison and Holt Counties were on the list north of the River receiving Federal Agricultural aid. The remainder of the counties were located south of the River. It is in this area that we have grouped together counties into what is now known as the rural health districts of Missouri. These districts are under the supervision of a full-time trained district health director who is assisted by public health engineers, nurses, a public health laboratory with a technician in charge who will care of the bacteriological, seroligical and parasitological examinations directly related to the detection and control of communicable diseases. Missouri proposed the district health plan because of the following reasons:

(1) The plan was believed to be the most economical at this time in developing and conducting health conservation work, and was demonstrated to be feasible for Missouri health control work in the flood area in 1927.

(2) Many of the counties affected by the drought will, because of economic conditions during normal times, be unable to appropriate sufficient funds for the establishment of a whole-time county health department, but could continue to do some type of local public health work which eventually would demonstrate the economic importance of health conservation, and thus lead to the allotment of additional funds sufficient to carry out local health programs.

(3) Under the present Missouri laws the county courts shall appoint a part-time health officer to enforce quarantine and

care for the indigent county charges. Because of the limited amount of funds paid to the part-time officer, very little of his time could be utilized to advantage in either medical relief or public health conservation. It is believed that if the part-time health officer received assistance through the services of the district health personnel a more thorough demonstration could be made to the county courts of the state concerning the desirability of increased appropriations to the part-time health officer so that he might carry out a more complete program of health work.

The following is a brief resume of the activities of the proposed rural health districts:

I. Law Enforcement.
II. Health Education.
III. Control of Communicable Diseases.
IV. Child Hygiene.
V. Life Extension.
VI. Sanitation.
VII. Records and Reports.
VIII. Special Activities—In some counties special problems exist, such as tuberculosis, malaria, trachoma and other diseases.

The organization of the district health program should be made in cooperation with representatives of the county courts, the county school superintendents, the part-time health officers and representatives from county-wide clubs, including farm clubs, etc. The idea of this committee is to assist in bringing about a more thorough understanding by the people in the counties of the district regarding the importance of the establishment of local health programs.

In conclusion, may I say that we as a State Health Department owe a debt of gratitude to the officials of the U. S. Public Health Service who have been most considerate and cooperative in our program. Particularly has Assistant Surgeon General Draper and his assistant Doctor Waller been most kind in advising with the administrative personnel of the State Health Department of Missouri. It is hoped that our program will not only serve in the promotion of health protection during the emergency period, but that it will aid in developing a thorough demonstration of the importance of local health development which should, for the sake of economy, be continued with county and community support in the future.

Instructions for the Disinfection of Contaminated Wells and Cisterns

Water from wells, cisterns, or springs which are not known to be safe, should be disinfected before use for drinking or culinary purposes. Boiling water for a short time will effectively kill any disease producing organisms which may be present, but boiling of large quantities of water is not convenient, and it is frequently more deirable to disinfect the supply with a chemical.

To prepare a solution for disinfecting water, purchase a can of fresh, dry chlorinated lime (also called calcium hypochlorite or bleaching powder) from your local druggist. H-T-H (high test hypochlorite) may be used and only half as much of this chemical is required in making up the chlorine solution as is needed when bleaching powder is used.

Make up the powder into a smooth paste with a small amount of water, crushing out all lumps.

Dissolve the paste in about a gallon of water, allow solution to settle, and strain through a finely woven cloth.

Pour the clear solution into well or cistern and mix it in the water if possible. The water should be permitted to remain in the well for a period of at least two hours before pumping.

The amount of chlorinated lime required to accomplish disinfection of water varies considerably with different kinds of water and the quantity to be treated. The best method is to *add sufficient chemical* to give the water a *pungent chlorine odor.* This will disappear in a few days.

Ordinarily one ounce of bleach powder for one thousand gallons of water will give satisfactory results.

Prepared chlorine solutions such as B-K or D-D may be used as a substitute for chlorinated lime, when the directions accompanying these products are followed carefully.

This procedure will make the water, actually present in the cistern or well, safe until re-contaminated. If the supply is subject to seepage from the surface or shallow underground water, such a disinfection is only a temporary measure. In order to permanently safeguard the supply, immediate steps should be taken to re-construct the well or cistern so that it will be protected against further contamination.

The State Board of Health will furnish sketches showing proper method of protecting wells and cisterns against contamination.

THE NURSE INTERVIEWS "OLD TIMER"

IN moments of reminiscence, have you ever considered the compensations of a failing memory? That erring faculty can mellow all experience and cast an aura of romance over the commonplace. Best of all, it may even finally bury those unhappy memories that for so long persisted in coming home, like chickens to roost. It is very comforting and convenient, on occasion, to possess a short memory.

* * * *



I HAIN'T got nothin' agin you, Miss, but I'm agin the politicians spendin' money on you. Lot of foolishness and nary a bit of sense to it. Don't know what the world's comin' to—people gettin' weaker and dumber, I reckon. In my young days there wasn't none of this talk about makin' folks healthy—they was all healthy to begin with. Never heard of nobody dyin' much—now and then somebody was took off with fever, that was about all.

"Yes Mam! we was all happy and right pert. When the young 'uns got to lookin' puny and pale like, we cured 'em. You'd like to know how? Well, we'd get some iron nails—a handfull of 'em—and put 'em in a jug of water. In a week, when the water was gettin' right smart rusty, we'd give it to 'em for medicine. You see, Miss, that was what they needed to thicken their blood. The iron would soak out of the nails and mix with the water—the best kind of medicine you ever did see.

"And we used lots of turpentine too. It was powerful good for sprains and sore joints. It was fine for the kidneys too—15 drops with a spoonful of sugar—you ought to try it sometime, Miss. And when it come to colds and lung trouble, a good dose of goose-grease would fix us up in no time.



"No Mam! all this foolin' around spendin' the people's money on doctors and nurses tellin' folks what to do—nary a bit of sense to it. In the old days children was born and grew up hearty without no bother about drinkin' milk, eatin' greens, and gettin' examined and vaccinated. In them times we was happy and hearty and

scarcely anybody ever died. The men folks was powerful strong and did a day's work—a real day's work. The women folks minded their homes and raised big families without bein' sick half the time like they are now-a-days."

* * * *

What a roseate tint those Good Old Days take on in retrospect. But Old Timer is not unique in his reflections. Who has reached even his fourth decade and failed to discover that the hills behind are marvellously green and that time has closed old rifts and cast a mantle over the sad and unsightly?

In justice to Old Timer and his claims for the virile race of yesterday, let us concede that labor-saving devices and increase of sedentary occupations have made it unnecessary to work so hard physically today. But what about those laid away in the churchyards so long ago? Somewhere in the dim recesses of Old Timer's memory there surely must be the record of lost brothers and sisters who never grew up to do a real day's work or to care for a home. No doubt many of these were carried off by the ailments that we now prevent so easily.

But he really thinks, "scarcely anybody ever died."



In those days few records were kept and few people remembered the time or circumstances of deaths in the countryside. Each community was necessarily lacking in the facilities for transportation and communication. The ills of any group were, for the most part, purely a local concern. Births, deaths, and diseases meant little to any community provided they occurred beyond its own narrow confines.

With all due reverence to the treasured memories of him who lives in dreams of the past, it is apparent that the Good Days are in the living present. The average span of life is now much longer than ever before. If fewer babies are born now, more of them reach adult age. If we are subject to new diseases, we have also learned a great deal about how to control them. We are making a constant advance toward a healthier (and therefore happier) state of living, and it is becoming more evident that *the value a community places on human life is an accurate index of the standard of civilization its citizens have attained.*

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Cooperative Health Work In Rural Missouri

Irl Brown Krause, M. D.,
Assistant State Health Commissioner
In Charge Cooperative Rural Health Work

In years past when man's well being was left to the ministrations of Providence, rural areas, because of their natural advantages, such as pure air and wholesome foods, were the healthiest places in which to live. However, morbidity and mortality statistics for Missouri, as furnished by the State Board of Health, reveal that in recent years the cities of Missouri have replaced the rural districts in this regard.

This change has been brought about because the cities driven by sheer necessity of overcoming their natural handicaps have expended money in the organization of health departments so that the principles of hygienic living which have been revealed by modern science could be adequately and efficiently applied, while the rural communities have done practically nothing in this regard. As a result, the death rates from the ordinary infectious diseases are gradually decreasing in the cities, while the rural communities continue to pay a tremendous toll in lives lost as a result of these diseases. Although comprising only 56 per cent of the total population of the state, in 1930 the rural communities were charged with 90 per cent of the total deaths from malaria; 75 per cent of the deaths from typhoid; 80 per cent of the deaths from dysentery; 79 per cent of the deaths from influenza; 68 per cent of the deaths from measles, and 82 per cent of the deaths from whooping cough.

This lack of health work in the rural communities is not entirely due to the unwillingness of the people for such service, but is due mainly to inadequate organization and economic resources. To meet this need, the State Board of Health, using the county as a unit, has adopted a program in which it assists the counties technically and financially in the organization and maintenance of full-time county health departments. In this work the state is being assisted by liberal grants from the Federal government and the Rockefeller Foundation. These health departments are primarily accountable to the county court who makes appointments of the health personnel, subject to the approval of the State Board of Health. The county health

officer is appointed as the head of the organization. He is assisted by one or more nurses and a sanitary engineer, all trained in public health. The entire personnel devote their whole time and attention to the prevention of disease and the promotion of health throughout the county. The program of work includes all phases of public health such as (1) quarantine and bedside instructions to prevent the spread of dangerous communicable infections; (2) instructions in prenatal care and in the hygiene of infants of preschool age; (3) hygiene of schools and of other public buildings, and physical examination and physical training of school children; (4) control of soil pollution; (5) control of insects likely to convey infection; (6) safeguarding water and food supplies and giving instructions on the principles of dietetics; (7) life extension work; (8) organization of local clubs for instruction and training in physical development and general hygiene; (9) anti-tuberculosis work directed especially toward the discovery and the encouragement of proper self-treatment of cases of incipient and early-stage tuberculosis; (10) educational work, through lectures, printed articles, moving pictures, and other available agencies, concentrated from time to time on different specific subjects, etc.

In 1921 the first full-time county health department with the state a participating agency was organized in Greene County. There has been a gradual and continuous expansion since that time, and now there is a health department in thirteen counties, namely; Boone, Buchanan, Dunklin, Greene, Jackson, Marion, Miller, New Madrid, Nodaway, Pemiscot, St. Francois, St. Louis, and Scott. During 1930 these thirteen full-time county health units serving approximately 628,796 persons in rural Missouri immunized 13,242 persons against typhoid; 24,908 against smallpox, and 5,795 against diphtheria. 8,158 persons were treated for venereal disease, thus bringing about a cure in most instances, and thereby lessening the number who would subsequently become applicants for pension or for relief in the several state institutions. 5,526 persons were placed under quarantine for contagious diseases, thereby lessening the possibility of spreading the contagion to others. 59,065 school children were given a thorough physical examination, and during the examination 31,794 were found defective. At the instigation of the health department, 8,101 of these children had their defects corrected. 1,099 persons were examined for tuberculosis, of which 403 were found positive. Adequate institutional or home care for the treatment of these cases was obtained. In caring for these patients at home 3,821 home visits were made, thereby bringing modern home nursing care to these unfortunate in-

dividuals. The foregoing is only a comparative few of their activities in disease prevention and health promotion, but they serve to show that a valuable service is being rendered. The total cost of the thirteen full-time health departments for the year was $182,620.

However, Missouri is still far behind other states in providing this health service for its rural population. Georgia with its 32 counties, Alabama with its 50, North Carolina with its 44, and Ohio with its 45, are rapidly approaching the point when every county in the state will have a modern health department. The per capita cost of the public health service in these thirteen full-time counties for 1930 was approximately $0.29, as compared to $2.20 per capita spent for health work in Cattaraugus County, New York. The per capita cost for the entire state based on the appropriation made available by the last legislature, is approximately $0.0763.

Missouri ranking in wealth among the foremost states in the Union can ill afford to lag behind in the protection of the health of its two million rural population, for the future welfare and prosperity of the state as a whole depends mainly upon the health of these people.

A TRUST THAT FAILED

During a campaign for the immunization of children against diphtheria in a small town in eastern New York, a mother indicated her disbelief in the merits of the procedure and refused to permit her little girl to be immunized. Later the child contracted diphtheria and died. There appeared in a local paper a memorial poem, written by bereaved relatives, which ran in part as follows:

> "At eve she talked with us, and all
> Her words most cheerful were;
> But in the morning she was not,
> For God had taken her."

Our sympathy goes out to the parents, unwise as we believe them to have been, and we hesitate to criticize. They acted "according to their lights." At the same time we feel inclined to protest against the shifting of responsibility to the shoulders of an allwise God. To us it appears that this mother and father were entrusted with the care and protection of a life, and, through ignorance or misinformation, failed in their trust. ". . . . from him that hath not shall be taken away even that which he hath."—New York (State) Weekly Bulletin.

Missouri Water and Sewerage Conference Notes

The executive committee of the Missouri Water and Sewerage Conference has decided to hold a two-day meeting at Jefferson City in October instead of a two-and-a-half-day meeting as has been the custom in the past. The dates have been tentatively set are October 22 and 23. An innovation of a half day of round table discussion will be inaugurated this year, and it is hoped that all the members will come prepared to make this part of the meeting a success. In addition to the usual features of the meeting, inspection trips of the State capitol, penitentiary, and the new Union Electric Company hydro-electric project at Bagnell, will be arranged.

Preliminary plans for a new water system at Waynesville have been received by the State Board of Health. The citizens of this Pulaski County city will soon vote on a bond issue for a municipal water supply, which will be derived from a deep well.

The city of Cassville recently passed a $12,000 bond issue for water works improvements. A deep well is being drilled to replace an unsatisfactory spring supply.

The State Board of Health recently made an inspection of the new municipal swimming pool at Trenton. The pool is provided with gravity sand filters very similar to those employed in municipal water purification plants. The pool which is of 450,000 gallons capacity was built from the proceeds of a $33,000 bond issue. More and more cities are realizing that the water in their swimming pools should be of high quality, if disease from this source is to be avoided.

Plans and specifications for additions to the sewage treatment plant at St. James have been approved by the State Board of Health. The city is at present served by an Imhoff tank, and it is planned to add a sludge drying bed and a trickling filter. The addition of the trickling filter was necessitated by the very low flow ordinarily present in the receiving stream.

MEMOIRS OF A MICROBE

or

The Journeys of Georgie the Germ



ANG! That must have been a terrible explosion. What? Only a sneeze? I'll bet that guy holds the long distance record for germ broadcasting.

Wonder what became of my family—they must be all over the place. I'm only a day old but I have a million brothers and sisters and a few thousand children of my own. I guess I'll never see them again . . .

Gee! This is a dry place. I can't stand this very long. I must be sitting on a piece of dust. Here comes a girl with a broom. Whee! Up we go!

This is the life! Lindy has nothing on me. I can see the whole world, I guess. It must be a restaurant—lots of people sitting around eating things. I hope I land in a good warm place.

Plop! Right in the soup. Glad I learned to swim yesterday when I was young. Pretty hot here, but I can see better things are coming . . .

That was a narrow escape. I was nearly swallowed, but I hung on just before I went down. This is a nice damp throat, I'll make a nest here and leave a few little germlets to be remembered by.



This guy must be a blacksmith he spits on his hands so much. No, he's wetting his thumb counting money in a bank. The traffic is awful here. I never saw so many germs coming and going in my life. He'll have me next.

Here I go out into the world again. Now for a ride on a magic carpet—they call it a dollar bill . . .



This is a fast life. I've been in half a dozen pockets in the last hour—some of them were awful places, too. The company is terrible. We had an experience meeting during a little rest in a woman's stocking and most every kind of a germ I ever heard of was there from Abie Anthrax to Zoa Zymes . . .

There, I knew that would happen. I got carried off my bill by that dirty hand . . . What's he doing now, going to give me a ride in a trolley car? I'm glad I'm a germ and not a human being in this place. There's at least room for me. If the folks could see the germs that are being coughed all around in here, they'd get out and walk . . .

Well, he didn't keep me very long. Here I am high and dry on a strap—nice place to hide in these little cracks. Those smooth, shiny handles are hard on germs, glad I didn't land on one of them . . .

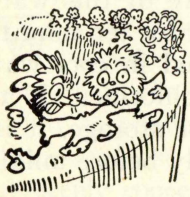
Here comes a lady. Got me the first grab . . . Something funny about this. I felt quite at home on those dirty hands,

but this clean one doesn't agree with me. I feel sick.

Ah! she may be a lady, but she chews her finger nails. That saved my life. Here I am in a nice mouth all flavored up with sweet antiseptic. She thinks it kills us germs, but it only makes us dizzy for a minute or two and then we keep on growing just the same. I can see from this crowd that my lady is going to have a cold pretty soon.

Well, what do you know about that! A big fellow just kissed my girl and took me away from her . . . But here are a lot of the same old cold germs, they seem to have come along too. If he catches that cold, it will serve him right, he's only known her twenty minutes . . .

Oh dear, I hoped I was settled, but that fellow just left me on the edge of a soda-water glass. I thought my time had come, but the clerk only gave me a bath by sousing the glass in some cold water. So many germs climbed out of that water that our greatest danger is overcrowding and falling off the glass. I'm not staying here long, I can see that. This crowd is too rough for me.



"One chocolate soda, please." She doesn't order us germs but she gets us just the same, and no extra charge. She puts her check in her mouth . . . Now I'm on her hand . . .

"Good afternooon, Mr. Smith." Gee! they nearly smashed me that time. So that's what you call shaking hands . . .

They say this is a tea-party, but it must be the Cooperative Germ Exchange. I've been on a dozen people's fingers in as many minutes. Hand-shaking is a great institution—for travel-loving germs. This can't be China—the folks there are more sensible — they shake their own hands.



Ah! Here comes Willie.

"Shake hands with the gentleman and kiss all the ladies, that's a good boy." I don't know about Willie but that sounds like bad advice to me. Oh! Oh! Now I'm a passenger on Willie . . .

This boy leads me a rough life. First I was on a whistle, then a lolly-pop, and now I'm stranded on a door-knob. If he leaves me here in the sun for long, I'm a goner. No, here I am back on his thumb again. I'll give him a nice sore throat, if I get a chance, for the way he's knocking me around.

Here comes nurse. I don't like her looks. She says, "Willie, wash your hands before supper." What can that mean? I've seen people do everything else with their hands, but wash them—that's something new.

Ah! nice warm water. Oh! not so good. I'm choking in this sudsy stuff. I'm hanging on for dear life, but we're having a land-slide. All the dirt comes off. This is terrible! It must be a cloud burst — the whole world is washing away. Plunk! I'm doomed to the sewer. GOOD NIGHT!



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Cleaning the Milking Machine



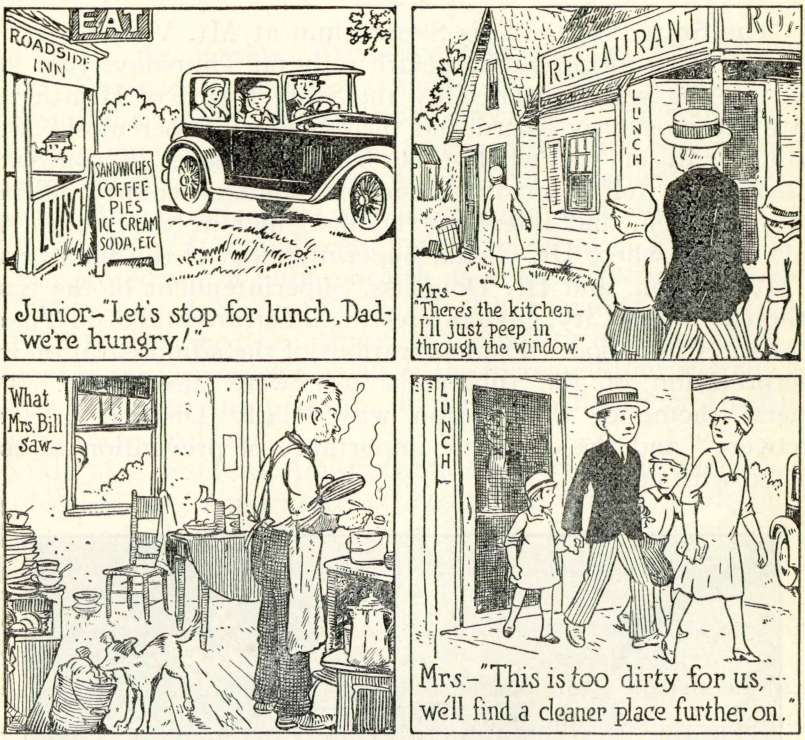
As herds become larger and satisfactory labor becomes more difficult to obtain, more dairymen are using milking machines and too often the installation of a milking machine is followed by high bacteria counts and sour milk because of poor cleaning and disinfection of the machine. Milking machines are hard to clean and disinfect and as the dairyman who installs such a machine may never have handled a piece of machinery so complicated or so difficult to keep clean and free from bacteria, he is apt to have trouble. The following system of handling a milking machine has produced satisfactory results.

After either the morning or evening milking is completed several gallons of cold water should be sucked through the machine. The machine then should be taken apart and all parts washed in hot water containing 3 to 4 per cent of alkali (a good washing powder). Teat cups, tubes, spiders, etc., should be brushed and vacuum lines should be cleaned. After cleaning, the machine should be assembled and completely immersed in a container of scalding water at 170°F and a thermometer should be used to test the temperature of this water. After the machine has been in the scalding water for ten minutes, it may be placed on a rack to dry or immersed in cool water containing 100 parts per million or more of chlorine. If the machine is not placed in a chlorine solution for storage, it is a good practice to rinse it in such a solution shortly before milking time.

These operations should be followed out each day to get results. The writer has found dairymen who have the idea that a milking machine can be cleaned once each week and still get good results. The same dairymen would not think of letting a milk pail go with only one cleaning each week. The pail should be cleaned each time it is used and so should the milking machine. The Standard Milk Ordinance requires all dairy utensils to be cleaned and disinfected each time they are used.

Is your milk supply protected by the Standard Milk Ordinance? Ask your health officer?—F. S.

BILL JONES STOPS for LUNCH



HOPES OF THE FUTURE

"WE already have enough knowledge which, if brought together, compared and sorted, would give us some approach to the normal child. The crux of the problem is as quickly as possible to bring what knowledge we have into the open, broadcast it, and make it familiar to the average busy, but deeply concerned, parent.

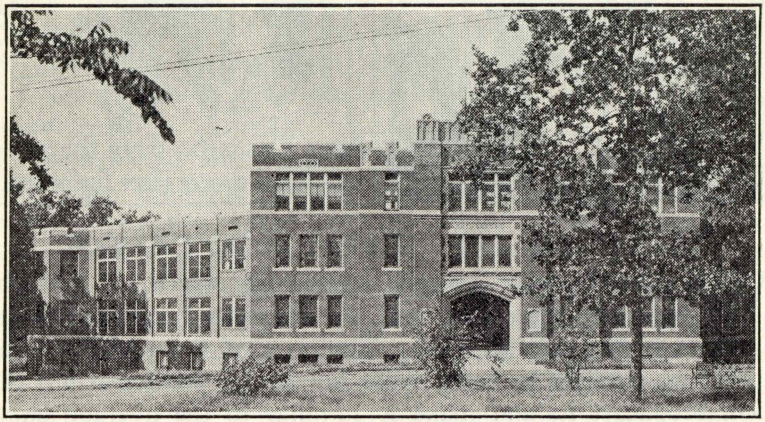
"We await from the scientific world that formula which will enable all those who care for children, who seek a better era, to mold the boys and girls of today into stalwarts to whom we entrust our hopes of the future."—*Herbert Hoover.*

THE KNOWS HAVE IT

He who knows not and knows he knows not is a child. *Teach him.*
He who knows and knows not he knows is a fool. *Pity him.*
He who knows not and knows not he knows not is a knave. *Shun him.*
He who knows and knows he knows is a wise man. *Hear him.*

The Ozark Public Health Rally

The State Tuberculosis Sanatorium at Mt. Vernon was the scene of an inspiring public health rally on Thursday, July 9th. The meeting was sponsored by the State Board of Health, the State Eleemosynary Board and the Missouri Tuberculosis Association. All of the whole-time health workers in southwest Missouri, as well as many physicians, dentists, county officials, newspapermen, and interested laymen, met at the Sanatorium at 11 A. M. where Dr. Glenn, Superintendent of the Sanatorium at Mt. Vernon, and Dr. Douglass, Superintendent of the Sanitorium at Webb City, gave interesting illustrated talks on Tuberculosis in Childhood. Demonstrations of the administration and interpretation of the tuberculin test were also given. The general theme of this session was "Early Discovery, Early Recovery" and the economic importance of prevention as contrasted with cure.



Children's Building, Missouri State Sanatorium, Mt. Vernon.

A bountiful plate lunch was served to the guests at noon by the management of the Sanatorium. This social hour gave all of the visitors a chance to become acquainted and to exchange ideas and experiences.

The afternoon session was presided over by Dr. James Stewart, State Health Commissioner. A program, covering various phases of community health work was presented in the afternoon. Dr. Irl Brown Krause, Director of the Division of Child Hygiene of the State Board of Health, pointed out that the

health and welfare of children is the underlying objective of all public health activities. Adults may benefit as a result of public health activities, but it is the children with whom we are the most concerned, and who yield the greatest returns from our investment.

Mr. Peter Kasius, Executive Secretary of the Missouri Social Hygiene Association, spoke on "The Community's Responsibility for Public Health Protection." He spoke of the economic importance of health conservation and compared the amount of money spent annually by the American people for chewing gum, confections and cosmetics, with that spent for public health. It would seem logical to spend at least as much on the protection of public health as is spent for chewing gum.

Mr. Scott Johnson, Public Health Engineer, State Board of Health, explained the return of the health hazards which are present in the Ozarks as a result of the increased tourist trade and briefly explained the program of the State Board of Health in solving these problems.

Mr. O. C. Sanford, Assistant State Superintendent of Schools, emphasized the importance of health promotion work in the schools and pledged the support of the State Department of Education to promote a more adequate health program in the schools.

The group were fortunate in having both the President, Mr. Dwight Brown, and the Secretary, Mr. George Pickens, of the Missouri State Chamber of Commerce, at the meeting. Both men urged that all local organizations cooperate in promoting public health as one of the most important factors in community betterment.

More than two hundred people attended the meeting, and the unanimous opinion was that it had been a most stimulating gathering. Mr. J. W. Becker, Executive Secretary of the Missouri Tuberculosis Association, is to be especially commended for his efforts in behalf of The Public Health Rally.—P. McI.

Public health is coming to be and should sooner have been just as much a business matter as any other feature of county government or of industry. If a county health department can not be established on an expectation of doing health work more efficiently and the same work for less money than now paid on the township basis no practical argument can be advanced for it.—California Health Bulletin.

"There is something in sickness that breaks down the pride of manhood."—Charles Dickens.

Monthly Progress Report — Standard Milk Ordinance Cities

The table below indicates the ratings made by the State Board of Health of Standard Milk Ordinance cities during June and July, 1931. For the purpose of comparison, the previous milk ratings of the cities are also shown.

City.		Date.	Retail raw milk.	Raw milk to plant.	Pasteurized milk.	Enforcement.
Excelsior Springs	Previous rating	12– 5–20	88	78	84	53
	Last rating	6– 9–31	87	93	80	57
Hannibal	Previous rating	11– 8–30	92	85	95	89
	Last rating	6–19–31	89	84	92	90
Independence	Previous rating	11–29–30	93	51	93	75
	Last rating	5–21–31	90	78	80	75
Monett*	Previous rating	12–19–30	77	None sold.	None sold.	71
	Last rating	5–29–31	75	None sold.	None sold.	73
Neosho*	Previous rating	12–18–30	79	None sold.	None sold.	68
	Last rating	6– 1–31	70	None sold.	None sold.	60
Sedalia	Previous rating	3–31–31	77	56	75	25
	Last rating	6–26–31	89	81	89	63
Trenton*	Previous rating	1–14–31	67	55	58	14
	Last rating	6– 2–31	74	61	78	27

*Junior Ordinance Work. Maximum ratings: Raw, 85; Raw to Plant, 85; Pasteurized, 85; Enforcement, 80.

Mental Hygiene

The Missouri Library Commission, Jefferson City, will loan books on mental hygiene and allied subjects for two weeks. The borrower pays all postal charges and is obligated to return the books in good condition.

Mrs. Mary Asbury McKay, Department of Public Information, Extension Division, University of Missouri. Columbia, Missouri, will lend health packets and special leaders in mental hygiene and will also lend Parent-Teacher Packet No. 30 to parent-teacher study groups for two months.

The outline of study to be used with Parent-Teacher Packet No. 30 may be obtained free of charge from M. P. Overholser, Harrisonville Mo., from whom study groups may also obtain Parent-Teacher Packet No. 30, as a loan for two months.

"Child Management" by Dr. Thom may be obtained, upon request, from the State Board of Health, Jefferson City.

The Missouri Society for Mental Hygiene, St. Louis, Mo., and the Kansas City Mental Hygiene Society, Kansas City, Mo., will be glad to supply information and suggestions.

CHANGING THE CHILD'S BEHAVIOR

Our present knowledge of child psychology, in its larger behavioristic aspects, is still theoretical at many points. Many facts still defy explanation. We are not sure why one child of a family develops behavior difficulties while his brothers and sisters, exposed to apparently identical influences, are models of good conduct. Is it because of some experience which entered into his life but not into theirs? Is it because some chance combination of chromosomes at conception gave him a different physical and mental make-up? Is it because he was less resistant physically and nervously, and therefore mentally, to pathological stiluli? Very often the answer to such queries is shrouded in mystery. Yet with all these problems unsolved, we must try to devise an explanation of the child's behavior, and to find ways and means of correcting it. Thus, to some extent, our methods become those of trial and success, our treatment a continuous search into causation. Thus our methods prove to be correct through the pragmatic test that they "work."

The lack of hearty support from parents and teachers is often an insurmountable obstacle. The parent who persists in regarding the child as voluntarily "mean," and will not enter into the spirit of search for causes and possible remedies, is a liability rather than an asset. The teacher who will not abate her classroom discipline or modify her curriculum one iota for the sake of the individual child is in the same rank. Fortunately, these groups are dwindling, as parents and teachers become better acquainted with the foundations of scientific child study through the popularization of literature on the subject. We owe a debt of gratitude to those who have exerted their literary

talents in translating the cold data of the scientist into the language of the people, for the parents and teachers have not sinned knowingly against the child. Their stubbornness and determination to cling to old methods were only the result of ignorance and misunderstanding.—Blanchord and Paynter, "Changing the Child's Behavior."

Of Public Health Interest

Announcement has recently been made by Governor Pollard of Virginia of the appointment of Dr. W. F. Draper as the new state health commissioner in Virginia. Dr. Draper succeeds the late Dr. Ennion G. Williams who for over twenty-five years served as the efficient health commissioner of the state.

Dr. Draper is a well known public health doctor, having been Assistant Surgeon General in the U. S. Public Health Service.

The appointment of Dr. Draper, a native of Massachusetts by Governor Pollard is in line with the appointment of Dr. Thomas Parran of Maryland as health commissioner of New York State. In both instances politics have played no part, these two governors placing the health of the people above any party politics. This forecasts a new day in public health work. —West Va. (Health Dept.) News Letter.

On June 2, 1931, Eldorado Springs passed the Missouri State Board of Health Standard Milk Ordinance, being the twenty-ninth Missouri city to take this forward step. Eldorado Springs is headquarters for District Public Health Unit No. 1, and is the first city to be brought into the standard ordinance fold under the supervision of the new district health units. Dr. E. K. Musson and District Engineer L. O. Williams are to be congratulated for this good piece of work.—F. S.

For the convenience of physicians in obtaining the information required on birth certificates, Dr. James Stewart, State Health Commissioner, has issued a small pocket notebook with headings on each page for the information required on a birth certificate. These books should be a great convenience to physicians in recording the information which they need for the birth certificate at the time of the birth. These books have been sent to all physicians in Missouri who are known to be engaged in obstetrical practice and any physician who has not received a book may obtain one by writing to the State Board of Health.

Comparison of Communicable Diseases Reported for the Months of June, 1930 and 1931

Disease.	1930.	1931.
Chickenpox	196	170
Diphtheria	97	79
Epidemic Sore Throat	6	1
Influenza	8	2
Malaria	52	23
Measles	315	636
Meningitis	24	12
Mumps	118	56
Ophthalmia	.....	3
Pellagra	1	.....
Pneumonia	38	30
Poliomyelitis	3	3
Rabies in animals	7	7
Scarlet fever	352	382
Smallpox	196	181
Tetanus	1	1
Trachoma	136	83
Tuberculosis	161	262
Tularaemia	.....	5
Typhoid fever	41	35
Undulant fever in man	18	24
in animals	.....	36
Whooping cough	123	324

"Money Spent for the Public Health is an Investment, not an Expenditure."